

Name  
in  
Full

## CERTIFICATE OF DEATH

Laura S. Bay.

Town

County

MARYLAND

Died at

Pylesville

Horton

Date

Month

Day

Age

Years

Months

Days

of death

190

1

10

7

1

Sex

Female

Color or  
Race

White

Birth-  
place

Md.

Occupation

Housewife

Where Residing if not  
at place of death~~Married, Single~~  
or WidowedName of Wife or  
Husband

Hugh Bay

Father's  
Name

Hugh C. Ramsey

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Elizabeth Whitford

Mother's  
Birthplace

"

Name of person giving  
information

D. A. Bay

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Paralysis

How long

4 days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

C. W. Thomas

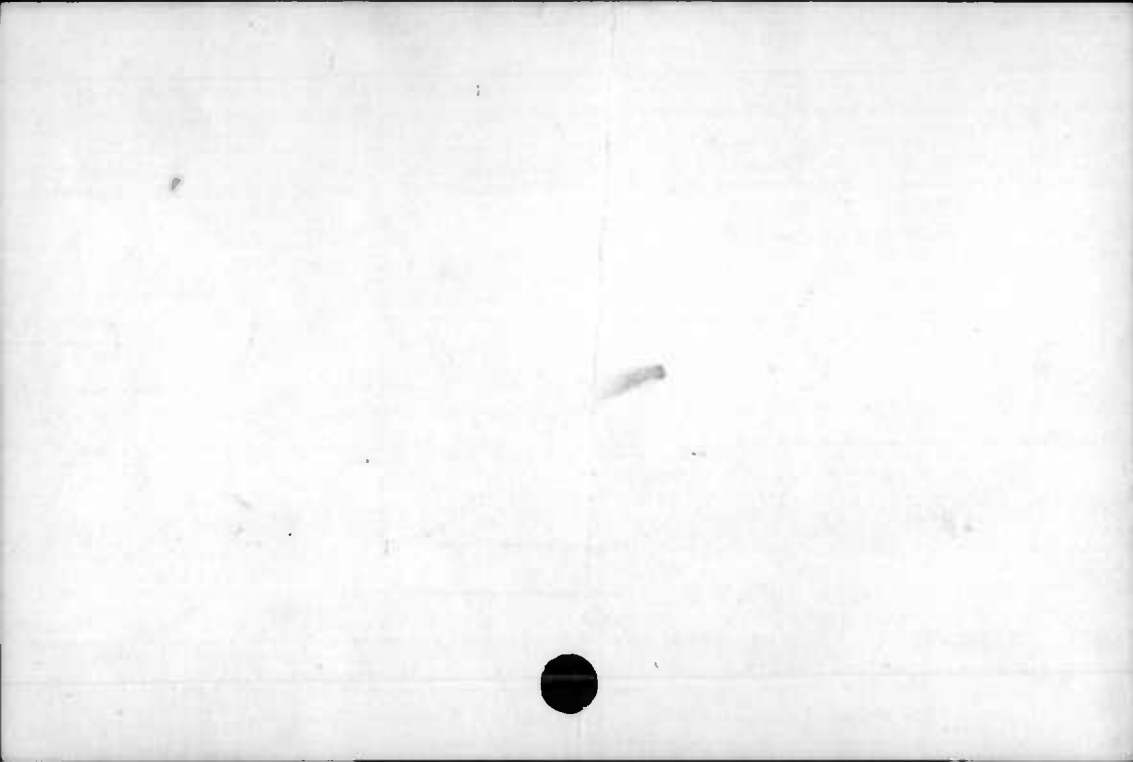
Address

Street  
Md.

Accident or Suicide?

yes

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

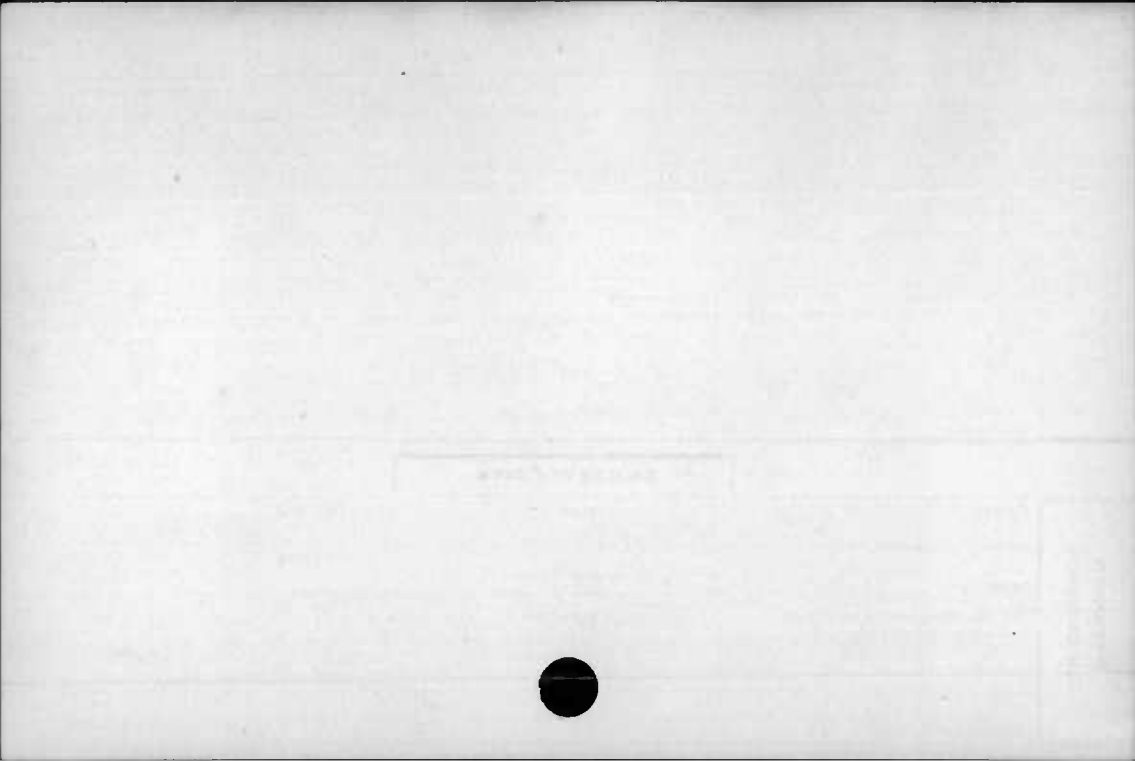
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |  |  |                                |  |                  |  |
|--|--|--|--|--------------------------------|--|------------------|--|
| Name in Full<br><i>John A Burkins Jr</i>                   |  | Town<br><i>Castleton</i>                 |  | County<br><i>Starfort</i>      |  | MARYLAND         |  |
| Died at<br><i>Castleton</i>                                |  | Month<br><i>1</i>                        |  | Day<br><i>1</i>                |  | Age<br><i>2</i>  |  |
| Date of death<br><i>1907</i>                               |  | Years<br><i>2</i>                        |  | Months<br><i>3</i>             |  | Days<br><i>8</i> |  |
| Sex<br><i>Male</i>   |  | Color or Race<br><i>white</i>            |  | Birth-place<br><i>Maryland</i> |  |                  |  |
| Occupation<br><i>Child</i>                                 |  | Where Residing if not at place of death  |  |                                |  |                  |  |
| Married, Single or Widowed<br><i>Single</i>                |  | Name of Wife or Husband                  |  |                                |  |                  |  |
| Father's Name<br><i>Edward Burkins</i>                     |  | Father's Birthplace<br><i>Maryland</i>   |  |                                |  |                  |  |
| Mother's Maiden Name<br><i>Edith Knight</i>                |  | Mother's Birthplace<br><i>Maryland</i>   |  |                                |  |                  |  |
| Name of person giving information<br><i>Edward Burkins</i> |  | How related to deceased<br><i>Father</i> |  |                                |  |                  |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary<br><i>Whooping Cough (Pertussis)</i>                                       | How long<br><i>Four weeks</i>                  |
| Immediate<br><i>Asphyxia</i>   | How long<br><i>Two hours</i>                   |
| Are the name, age, sex, color, date and place correctly given above?<br><i>yes</i> | Signature of Physician<br><i>W. R. Kirk MD</i> |
|  | Address<br><i>Darlington md</i>                |
| Accident or Suicide?<br><i>9</i>   |  |



Name  
in  
Full

Hattie L Cooley

CERTIFICATE OF DEATH

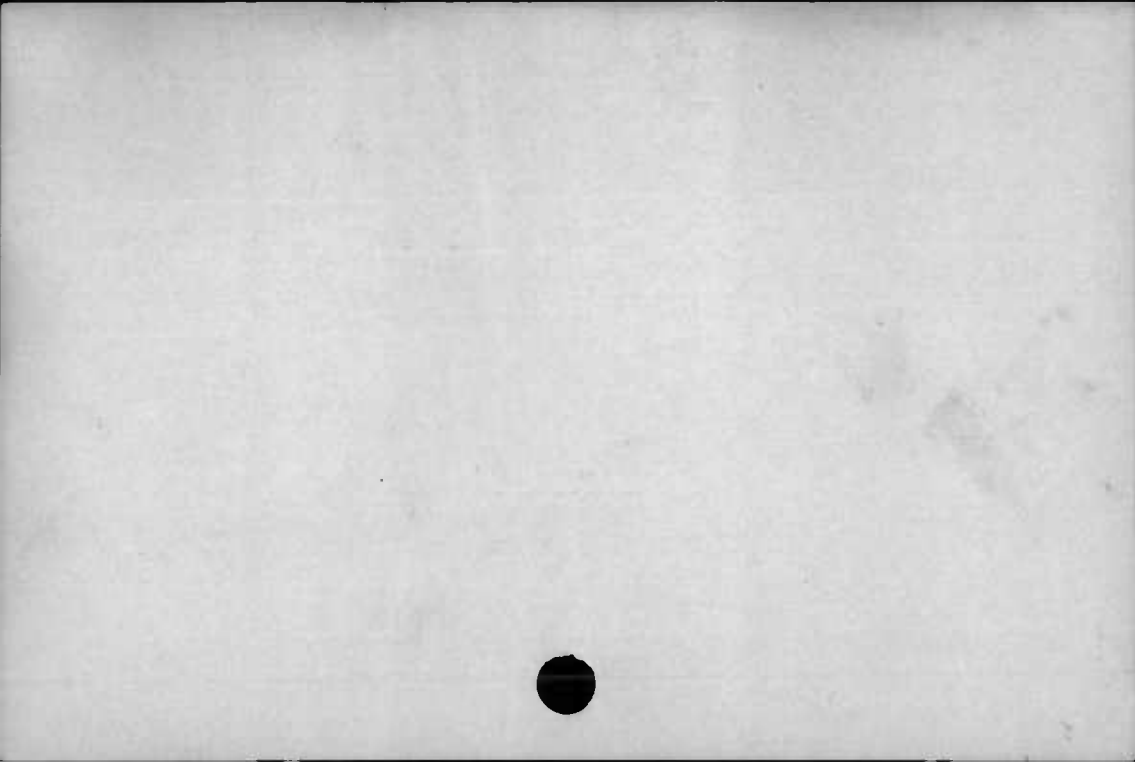
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                       |                        |  |                        |   |                         |                      |
|-----------------------------------|-----------------------|------------------------|--|------------------------|---|-------------------------|----------------------|
| Died at                           |                       | Town <u>Darlington</u> |  | County <u>Sturford</u> |   | MARYLAND                |                      |
| Date of death                     | 1907                  | Month                  | 1 <sup>st</sup>                                  | Day                    | 8 | Age                     | 64                   |
| Sex                               | <u>Female</u>         |                        | Color or Race                                    | <u>white</u>           |   | Birth-place             | <u>New Hampshire</u> |
| Occupation                        | <u>Lady</u>           |                        | Where Residing if not at place of death <u>—</u> |                        |   |                         |                      |
| Married, Single or Widowed        | <u>married</u>        |                        | Name of Wife or Husband                          | <u>John M Cooley</u>   |   |                         |                      |
| Father's Name                     | <u>John Lord</u>      |                        |  |                        |   | Father's Birthplace     | <u>N. H.</u>         |
| Mother's Maiden Name              | <u>Mary Dearborn</u>  |                        |  |                        |   | Mother's Birthplace     | <u>N. H.</u>         |
| Name of person giving information | <u>Amie C. Briggs</u> |                        |  |                        |   | How related to deceased | <u>Niece</u>         |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                      |                        |                        |
|--|----------------------|------------------------|------------------------|
| Primary  | <u>Bronchitis</u>    | How long               | <u>3 or 4 yrs</u>      |
| Immediate  | <u>Heart failure</u> | How long               | <u>one week</u>        |
| Are the name, age, sex, color, date and place correctly given above? |                      | Signature of Physician | <u>W. E. Kirk M.D.</u> |
|  |                      | Address                | <u>Darlington Md</u>   |
| Accident or Suicide?   |                      |                        |                        |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |        |       |   |           |       |             |      |
|-----------------------------------|--------|-------|---|-----------|-------|-------------|------|
| Died at                           |        | Town  |   | County    |       | MARYLAND    |      |
| Date of death                     |        | Month | Day                                     | Age       | Years | Months      | Days |
| 1907                              |        | 1     | 25                                      | 57        |       |             |      |
| Sex                               | Female |       | Color or Race                           | Caucasian |       | Birth-place | Ind  |
| Occupation                        |        |       | Where Residing if not at place of death |           |       |             |      |
| Married, Single or Widowed        |        |       | Name of Wife or Husband                 |           |       |             |      |
| Father's Name                     |        |       | Father's Birthplace                     |           |       | Ind         |      |
| Mother's Maiden Name              |        |       | Mother's Birthplace                     |           |       | Ind         |      |
| Name of person giving information |        |       | How related to deceased                 |           |       | Son         |      |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

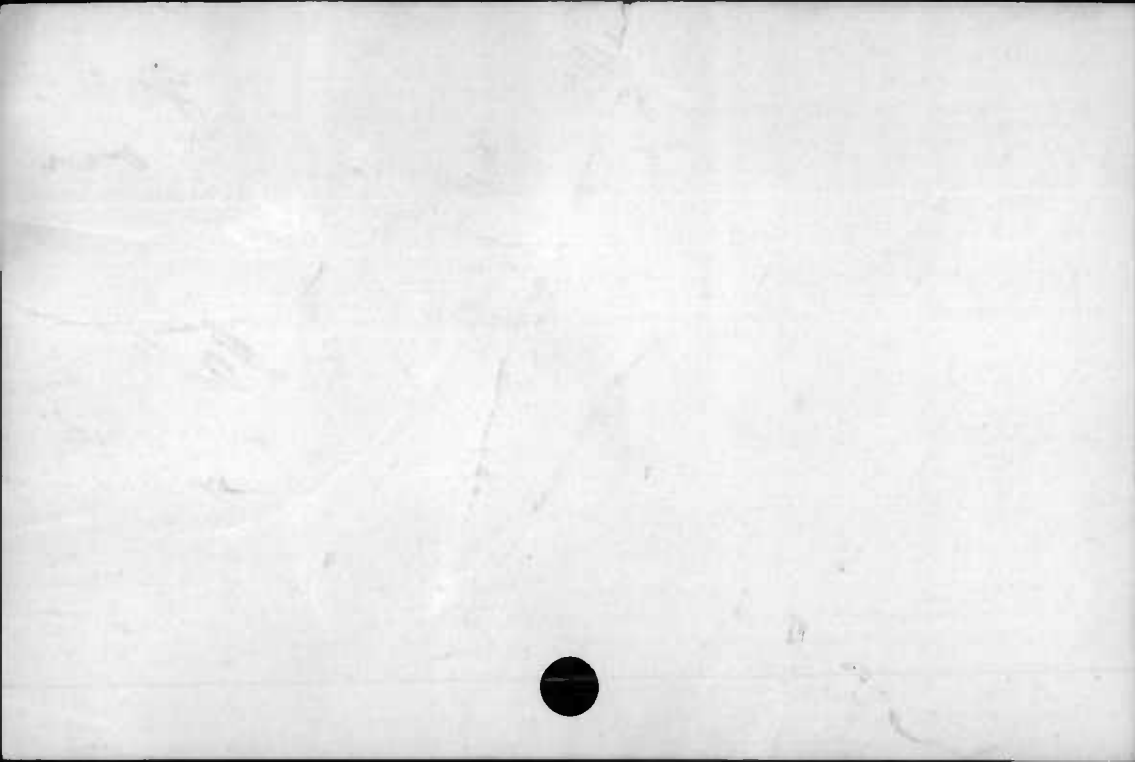
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?





Name  
in  
Full

CERTIFICATE OF DEATH

*Ellen M Dean*

Died at *Kalma* Town

*Harford* County

MARYLAND

Date of death *1907* Month *July*

Day

Age

Years

Months

Days

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Me*

Occupation

*Unknown*

Where Residing if not  
at place of death

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

Father's  
Name

*Nathan Dean*

Father's  
Birthplace

*Pa*

Mother's  
Maiden Name

*Ann Jarvis*

Mother's  
Birthplace

*Mich*

Name of person giving  
In formation

*NR Dean*

How related  
to deceased

*Brother*

CAUSES OF DEATH

Primary

*Paralysis*

How long

How long

*18 hours*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

*Samuel Sappington*

Address

*Bel Air*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mount Zion

| Name<br>in<br>Full                  |  | Emilie S. De Lany      |               |                         |                        | CERTIFICATE OF DEATH |         |
|-------------------------------------|--|------------------------|---------------|-------------------------|------------------------|----------------------|---------|
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at  | Aberdeen               |               | County                  |                        | Hartford             |         |
|                                     | Date of death  |                        | 1907          | Month                   | January                | Day                  | 31      |
|                                     | Age  |                        | 59            |                         | Years                  | 4                    |         |
|                                     | Sex  |                        | Female        |                         | Color or Race          | White                |         |
|                                     | Occupation   |                        | Housewife     |                         | Birth-place            | Germany              |         |
|                                     | Where Residing if not at place of death                              |                        |               |                         |                        |                      |         |
|                                     | Married, Single or Widowed   |                        | Married       |                         | Name of Husband        |                      |         |
|                                     | Father's Name  |                        | Adolph Zarges |                         | Father's Birthplace    |                      |         |
| Mother's Maiden Name                |  | Christianna Schumacher |               | Mother's Birthplace     |                        |                      |         |
| Name of person giving information   |  | Geo. L. De Lany        |               | How related to deceased |                        |                      | Husband |
| CAUSES OF DEATH                     |  |                        |               |                         |                        |                      |         |
| PHYSICIAN<br>OR CORONER             | Primary  | Heart Disease          |               | How long                | Don't know             |                      |         |
|                                     | Immediate  | Dyspnoea               |               | How long                | Ten minutes            |                      |         |
|                                     | Are the name, age, sex, color, date and place correctly given above? |                        | Yes           |                         | Signature of Physician |                      |         |
|                                     | Address  |                        | Aberdeen      |                         |                        | Md.                  |         |
|                                     | Accident or Suicide?   |                        |               |                         |                        |                      |         |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

|  |                               |   |                            |
|--|-------------------------------|---|----------------------------|
| Died at <i>Falston</i> <sup>Town</sup> |                               | <i>Harford</i> <sup>County</sup>        |                            |
| Date of death                          | <i>7 Jan</i> <sup>Month</sup> | <i>10</i> <sup>Day</sup>                | <i>87</i> <sup>Years</sup> |
| Sex                                    | <i>Female</i>                 | Color or Race                           | <i>Black</i>               |
| Occupation                             | <i>Domestic</i>               | Where Residing if not at place of death | <i>Falston</i>             |
| Married, Single or Widowed             | <i>Widowed</i>                | Name of Wife or Husband                 | <i>Abraham Demby</i>       |
| Father's Name                          | <i>John Demby</i>             | Father's Birthplace                     | <i>Harford Co Md</i>       |
| Mother's Maiden Name                   | <i>Sarah Boyd</i>             | Mother's Birthplace                     | <i>Harford Co Md</i>       |
| Name of person giving information      | <i>Sarah C. Hall</i>          | How related to deceased                 | <i>Niece</i>               |

## CAUSES OF DEATH

|           |                                     |          |                       |
|-----------|-------------------------------------|----------|-----------------------|
| Primary   | <i>Gradual exhaustion - old age</i> | How long | <i>several months</i> |
| Immediate | <i>Malnutrition</i>                 | How long | <i>1 week</i>         |

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

*A. F. Vant Sibber*

Address

*134 Air  
Md.*

Accident or Suicide?

Tabernacle

---

Name  
in  
Full

Eva Dubon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                                 |              |   |          |            |             |
|--|--|---------------------------------|--------------|---|----------|------------|-------------|
| Died at  |  | Town<br>Glenville               |              | County<br>Harford                               |          | MARYLAND   |             |
| Date<br>of death                                     |  | 1907                            | Month<br>1st | Day<br>12                                       | Age<br>5 | Years<br>6 | Months<br>— |
| Sex<br>Female  |  | Color or<br>Race<br>white       |              | Birth-<br>place<br>Md                           |          |            |             |
| Occupation<br>Child                                  |  |                                 |              | Where Residing if not<br>at place of death<br>— |          |            |             |
| Married, Single<br>or Widowed<br>Single              |  | Name of Wife or<br>Husband<br>— |              |   |          |            |             |
| Father's<br>Name<br>Arthur Dubon                     |  |                                 |              | Father's<br>Birthplace<br>Md                    |          |            |             |
| Mother's<br>Maiden Name<br>Wright                    |  |                                 |              | Mother's<br>Birthplace<br>—                     |          |            |             |
| Name of person giving<br>information<br>Arthur Dubon |  |                                 |              | How related<br>to deceased<br>Father            |          |            |             |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                 |  |        |
|--|-----------------|--|--------|
| Primary  | Catarrhal Croup | How long                                   | 8 days |
| Immediate  | Asphyxia        | How long                                   | 2 hrs  |
| Are the name, age, sex, color, date<br>and place correctly given above?<br>yes |                 | Signature of<br>Physician<br>W. J. Kirk MD |        |
|  |                 | Address<br>Darlington<br>Md                |        |
| Accident or Suicide?   |                 |  |        |





Name  
in  
Full

Sadie Gover

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                            |                     |   |                           |             |                         |                 |
|-----------------------------------|----------------------------|---------------------|---|---------------------------|-------------|-------------------------|-----------------|
| Died at <i>near Jarrettsville</i> |                            | Town <i>Harford</i> |   | County                    |             | MARYLAND                |                 |
| Date of death                     | <i>1907 Jan</i>            | Month               | <i>30</i>                               | Day <i>9<sup>th</sup></i> | Age         | <i>21</i>               | Years           |
| Sex                               | <i>Female</i>              | Color or Race       | <i>colored</i>                          |                           | Birth-place | <i>Harford Co Md</i>    |                 |
| Occupation                        | <i>Domestic</i>            |                     | Where Residing if not at place of death |                           |             |                         |                 |
| Married, Single or Widowed        | <i>Single</i>              |                     | Name of Wife or Husband                 |                           |             |                         |                 |
| Father's Name                     | <i>George H Gover</i>      |                     |   |                           |             | Father's Birthplace     | <i>Maryland</i> |
| Mother's Maiden Name              | <i>Martha Alverda Hall</i> |                     |   |                           |             | Mother's Birthplace     | <i>"</i>        |
| Name of person giving information | <i>G H Gover</i>           |                     |   |                           |             | How related to deceased | <i>Father</i>   |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                     |                         |                |
|--|---------------------|-------------------------|----------------|
| Primary  | <i>Sudden Death</i> | How long                | <i>3 weeks</i> |
| Immediate  | <i>Exhaustion</i>   | How long                | <i>—</i>       |
| Are the name, age, sex, color, date and place correctly given above? |                     | Signature of Physician  |                |
| <i>yes</i>   |                     | <i>H. F. Bradley</i>    |                |
| Accident or Suicide?   |                     | Address                 |                |
| <i>no</i>  |                     | <i>Jarrettsville Md</i> |                |



Name  
in Full

H. Durand Grapton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |  |           |                    |       |             |           |
|--|--|--|-----------|--------------------|-------|-------------|-----------|
| Died at  |  | Town<br>Forest Hill                                    |           | County<br>Harford  |       | MARYLAND    |           |
| Date of death                                  |  | Month<br>7   | Day<br>19 | Age<br>42          | Years | Months<br>" | Days<br>" |
| Sex<br>Male                                    |  | Color or Race<br>White                                 |           | Birth-place<br>Md. |       |             |           |
| Occupation<br>Lumber Builder                   |  | Where Residing if not at place of death<br>Forest Hill |           |                    |       |             |           |
| Married, Single or Widowed                     |  | Name of Wife or Husband<br>Elizabeth R. Grapton        |           |                    |       |             |           |
| Father's Name<br>Nathan Grapton                |  | Father's Birthplace<br>Md.                             |           |                    |       |             |           |
| Mother's Maiden Name<br>Barbara Hactman        |  | Mother's Birthplace<br>Md.                             |           |                    |       |             |           |
| Name of person giving information<br>Edna Nean |  | How related to deceased<br>Sister-in-law               |           |                    |       |             |           |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |   |      |   |
|--|---|------|---|
| Primary  | Grippe, with old hypertrophy of heart - 3 weeks |      | How long  |
| Immediate  | Syncope   |      | How long  |
| Are the name, age, sex, color, date and place correctly given above? |   | Yes. | Signature of Physician<br>Dr. Robert Bibber, M.D. |
|  |   |      | Address<br>B. & C. St.                            |
| Accident or Suicide?   |   | No.  | Old   |

Rock Spring

Name  
in  
Full

## CERTIFICATE OF DEATH

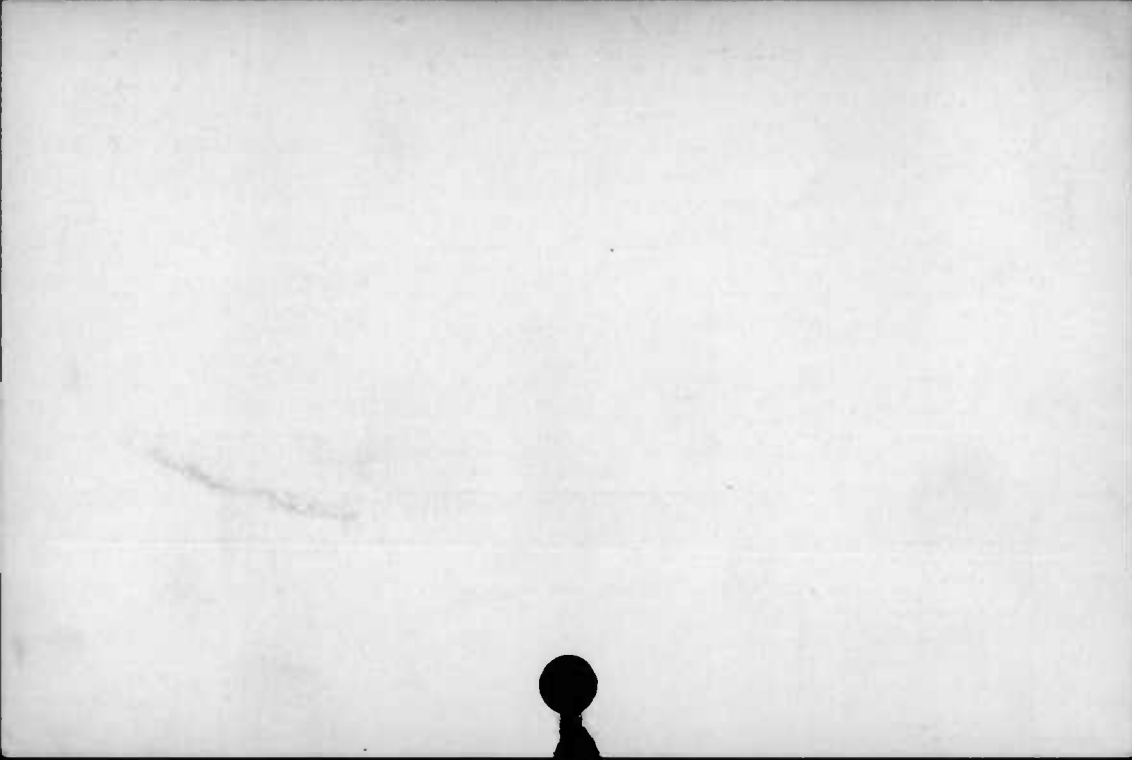
TO BE ANSWERED BY  
NEAREST FRIEND

|                                      |                      |                                 |                            |  |                            |                    |                       |
|--------------------------------------|----------------------|---------------------------------|----------------------------|--|----------------------------|--------------------|-----------------------|
| Died at                              |                      | Town<br><i>St Anne de Grace</i> |                            | County<br><i>Chamford</i>                  |                            | MARYLAND           |                       |
| Date<br>of death                     | 1907                 | Month<br><i>Jan</i>             | Day<br><i>6</i>            | Age<br><i>79</i>                           | Years                      | Months<br><i>8</i> | Days<br><i>—</i>      |
| Sex                                  | <i>male</i>          |                                 | Color or<br>Race           | <i>White</i>                               |                            | Birth-<br>place    | <i>New York State</i> |
| Occupation                           | <i>Carpenter</i>     |                                 |                            | Where Residing if not<br>at place of death |                            | <i>Same</i>        |                       |
| Married, Single<br>or Widowed        | <i>Married</i>       |                                 | Name of Wife or<br>Husband |  | <i>Eliza Jane Keene</i>    |                    |                       |
| Father's<br>Name                     | <i>Elijah Hall</i>   |                                 |                            |  | Father's<br>Birthplace     | <i>N.Y.</i>        |                       |
| Mother's<br>Maiden Name              | <i>Mary Ann Hall</i> |                                 |                            |  | Mother's<br>Birthplace     | <i>N.Y.</i>        |                       |
| Name of person giving<br>information | <i>J.M. Hall</i>     |                                 |                            |  | How related<br>to deceased | <i>Son</i>         |                       |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |                       |                         |                   |
|---|-----------------------|-------------------------|-------------------|
| Primary   | <i>Old age</i>        | How long                | <i>2 or 3 yrs</i> |
| Immediate   | <i>Heart weakness</i> | How long                | <i>1 day</i>      |
| Are the name, age, sex, color, date<br>and place correctly given above? |                       | <i>Yes</i>              |                   |
| Signature of<br>Physician   |                       | <i>J. L. Hopkins</i>    |                   |
| Address   |                       | <i>St Anne de Grace</i> |                   |
| Accident or Suicide?  |                       | <i>No</i>               |                   |



Name  
in  
Full

Elizabeth Hamilton

## CERTIFICATE OF DEATH

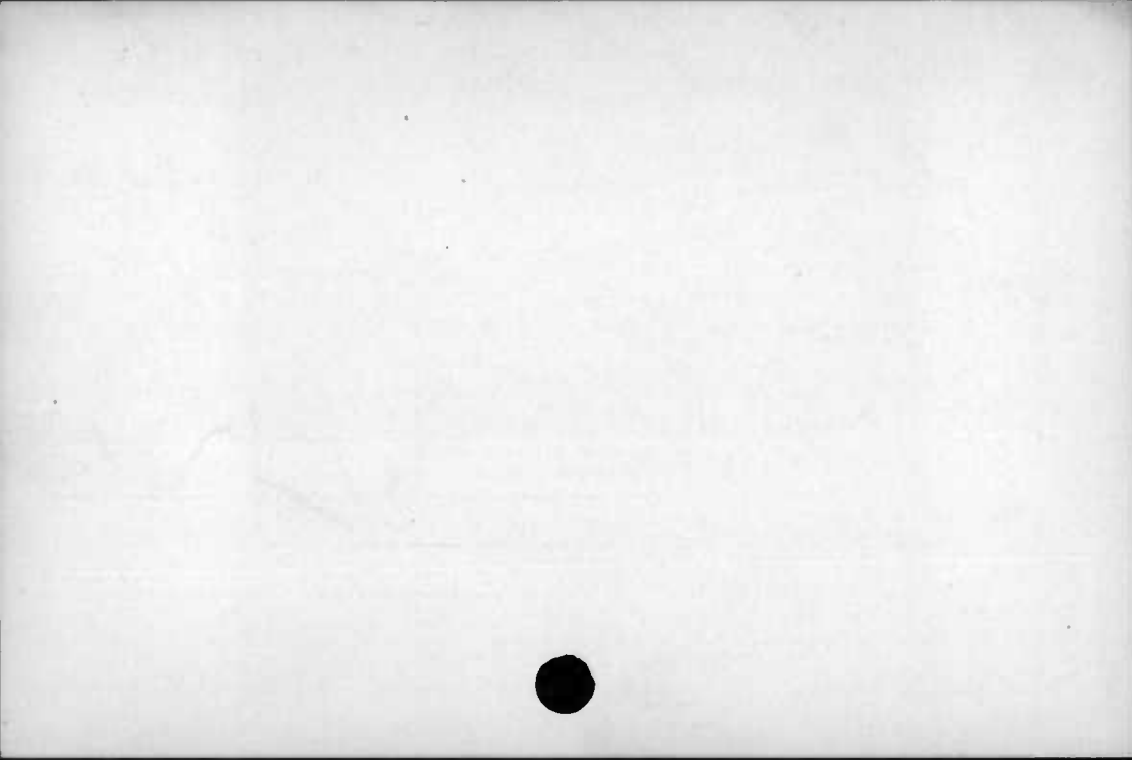
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                         |                                    |   |                         |                                |
|-----------------------------------|-------------------------|------------------------------------|---|-------------------------|--------------------------------|
| Died at <i>Hickory</i> Town       |                         | <i>Harford</i> County              |   | MARYLAND                |                                |
| Date of death                     | <i>1907</i> Month       | <i>Jan.</i> Day                    | <i>2</i> Age                            | <i>73</i> Years         | <i>4</i> Months <i>26</i> Days |
| Sex                               | <i>Female</i>           | Color or Race                      | <i>White</i>                            | Birth-place             | <i>Harford Co</i>              |
| Occupation                        | <i>House work</i>       |                                    | Where Residing if not at place of death |                         |                                |
| Married, Single or Widowed        | <i>Widowed</i>          | Name of <del>Wife or</del> Husband | <i>Wm. J. Hamilton</i>                  |                         |                                |
| Father's Name                     | <i>Bennett Shay</i>     |                                    |   | Father's Birthplace     | <i>Pa.</i>                     |
| Mother's Maiden Name              |                         |                                    |   | Mother's Birthplace     |                                |
| Name of person giving information | <i>Geo. H. Hamilton</i> |                                    |   | How related to deceased | <i>Son</i>                     |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                        |            |                            |
|--|------------------------|------------|----------------------------|
| Primary  | <i>Senile debility</i> | <i>154</i> | How long                   |
| Immediate  | <i>Exhaustion</i>      |            | How long                   |
| Are the name, age, sex, color, date and place correctly given above? |                        | <i>Yes</i> | Signature of Physician     |
|  |                        |            | <i>Dr. Hall Richardson</i> |
|  |                        | Address    | <i>Harford Co. Md.</i>     |
|  |                        |            | <i>abideen</i>             |
| Accident or Suicide?   |                        |            | <i>MD.</i>                 |





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at *Borthy Hill* Town *Hagerd* CountyDate of death *1907* Month *Jan* Day *23* Age *67* Years Months DaysSex *Male* Color or Race *white* Birth-place *Chesnut Hill*Occupation *Garage Builder* Where Residing if not at place of death *Borthy Hill*Married, ~~Single~~ *Widowed* Name of Wife or Husband *Julia Anna Harkins*Father's Name *Stevenson Harkins* Father's Birthplace *Chesnut Hill*Mother's Maiden Name *Nansie Harkins* Mother's Birthplace *1*Name of person giving information *Effie L. Mitchell* How related to deceased *Son's Mother*

## CAUSES OF DEATH

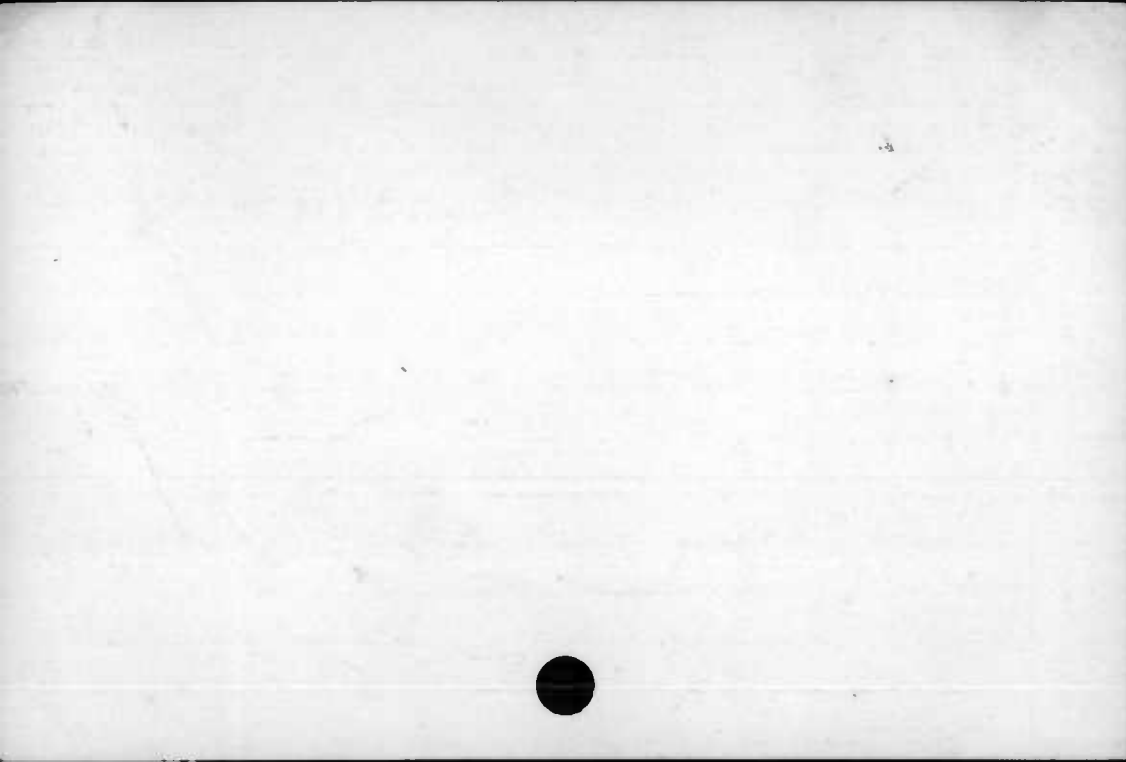
Primary *Suppressed Cancer* How long *1 year*Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

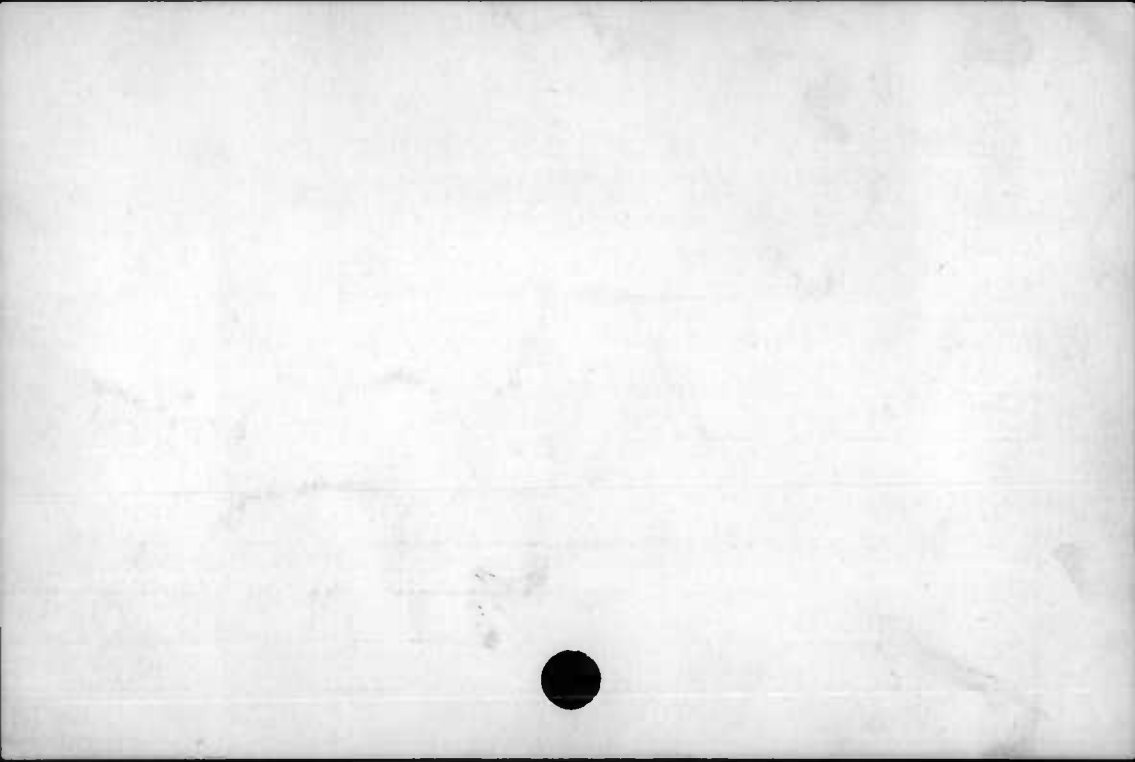
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                            |  |   |                 |        |      |
|---|----------------------------|--|---|-----------------|--------|------|
| Died at <i>Ballibour</i> <sup>Town</sup>  |                            | <i>Stafford</i> <sup>County</sup>            |   | MARYLAND        |        |      |
| Date of death <i>1907 Jan.</i>            |                            | Month  | Day <i>26</i>                           | Years <i>62</i> | Months | Days |
| Sex <i>Female</i>                         | Color or Race <i>White</i> |  | Birth-place <i>Mississippi</i>          |                 |        |      |
| Occupation <i>Housekeeper</i>             |                            |  | Where Residing if not at place of death |                 |        |      |
| Married, Single or Widowed <i>widowed</i> |                            | Name of Wife or Husband <i>Stugh Haughey</i> |   |                 |        |      |
| Father's Name <i>Unknown</i>              |                            | Father's Birthplace <i>Unknown</i>           |   |                 |        |      |
| Mother's Maiden Name <i>Unknown</i>       |                            | Mother's Birthplace <i>Unknown</i>           |   |                 |        |      |
| Name of person giving information         |                            |  | How related to deceased                 |                 |        |      |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |                                |
|---|--|--------------------------------|
| Primary <i>La Grippe</i>  | <i>(10)</i>                                  | How long <i>2 weeks</i>        |
| Immediate   |  | How long                       |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>F. Lee Stughes</i> | Address <i>Forest Hill Md.</i> |
| Accident or Suicide? <i>6</i>   |  |                                |



Name  
in  
Full

Elinore Mary Hilleary

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |   |                                  |                           |
|--|---|----------------------------------|---------------------------|
| Died <i>near Aberdeen</i> <sup>Town</sup> <i>Harford</i> <sup>County</sup> |   | MARYLAND                         |                           |
| Date of death  | <i>1907</i> <sup>Month</sup> <i>January</i> <sup>Day</sup> <i>12</i> <sup>Years</sup> <i>48</i> | <sup>Months</sup> <i>4</i>       | <sup>Days</sup> <i>12</i> |
| Sex <i>Female</i>  | Color or Race <i>White</i>  | Birth-place <i>Baltimore Md.</i> |                           |
| Occupation <i>House work</i>   | Where Residing if not at place of death _____   |                                  |                           |
| Married, Single or Widowed <i>Single</i>                                   | Name of Wife or Husband _____   |                                  |                           |
| Father's Name <i>Wm. T. Hilleary</i>                                       | Father's Birthplace <i>Prince Geo's Co Md.</i>  |                                  |                           |
| Mother's Maiden Name <i>Margrath A. Hale</i>                               | Mother's Birthplace <i>Ellicott City Md.</i>  |                                  |                           |
| Name of person giving information <i>Ida M. Hilleary</i>                   | How related to deceased <i>Sister-in-law.</i>   |                                  |                           |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>La Grippe, Bronchitis,</i>   | <i>10</i> <sup>How long</sup> <i>3 weeks -</i><br><sup>How long</sup> <i>Three days</i> |
| Immediate <i>Exhaustion</i>   |   |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i> | Signature of Physician <i>Chas. H. Knitt</i>  |
| Accident or Suicide? <i>no</i>  | Address <i>Aberdeen Md.</i>   |



Name in Full

Certificate of Death

Died at

Date

Town

County

Month

Day

Age

Y.

M.

Native of

Occupation

MARYLAND

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FEB 28

Amos Hollingsworth  
(Father's name)

Father's birth-place - Hartford Co.

Lois P. Clement

(Mother's maiden name)

Mother's birth-place -

Worcester, St.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                |       |                         |   |                         |             |               |
|-----------------------------------|----------------|-------|-------------------------|---|-------------------------|-------------|---------------|
| Died at                           |                | Town  |                         | County                                  |                         | MARYLAND    |               |
| Date of death                     |                | Month | Day                     | Years                                   | Months                  | Days        |               |
| 1907                              |                | 1     | 19                      | Age = 39                                | 4                       | -           |               |
| Sex                               | Male           |       | Color or Race           | White                                   |                         | Birth-place | Harrods Grace |
| Occupation                        | Teacher        |       |                         | Where Residing if not at place of death |                         |             |               |
| Married, Single or Widowed        | Single         |       | Name of Wife or Husband |   |                         |             |               |
| Father's Name                     | John Hopkins   |       |                         |   | Father's Birthplace     | Harford Co, |               |
| Mother's Maiden Name              | Sarah C. Clark |       |                         |   | Mother's Birthplace     | Cecil Co,   |               |
| Name of person giving information | David Hopkins  |       |                         |   | How related to deceased | Brother     |               |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                           |                        |                  |
|--|---------------------------|------------------------|------------------|
| Primary  | Appendicitis              | How long               | 6 days           |
| Immediate  | Septic Paralysis of Heart | How long               | 2 days           |
| Are the name, age, sex, color, date and place correctly given above? |                           | Signature of Physician | R. W. Smith      |
| Yes  |                           | Address                | Harrods Grace Md |
| Accident or Suicide?   |                           |                        |                  |

67

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                    |  |                |  |  |  |           |  |                 |  |         |  |             |  |            |  |          |  |
|--------------------|--|----------------|--|--|--|-----------|--|-----------------|--|---------|--|-------------|--|------------|--|----------|--|
| Name<br>in<br>Full |  | Hester Johnson |  |  |  | County    |  | Tow             |  | Died at |  | Kimbleton   |  | Hanford.   |  | MARYLAND |  |
| Date<br>of death   |  | 1907           |  | Month<br>1                                 |  | Day<br>11 |  | Age<br>15       |  | Years   |  | Months<br>9 |  | Days<br>14 |  |          |  |
| Sex                |  | Female         |  | Color or<br>Race                           |  | Colored   |  | Birth-<br>place |  | Ind.    |  |             |  |            |  |          |  |
| Occupation         |  |                |  | Where Residing if not<br>at place of death |  |           |  |                 |  |         |  |             |  |            |  |          |  |

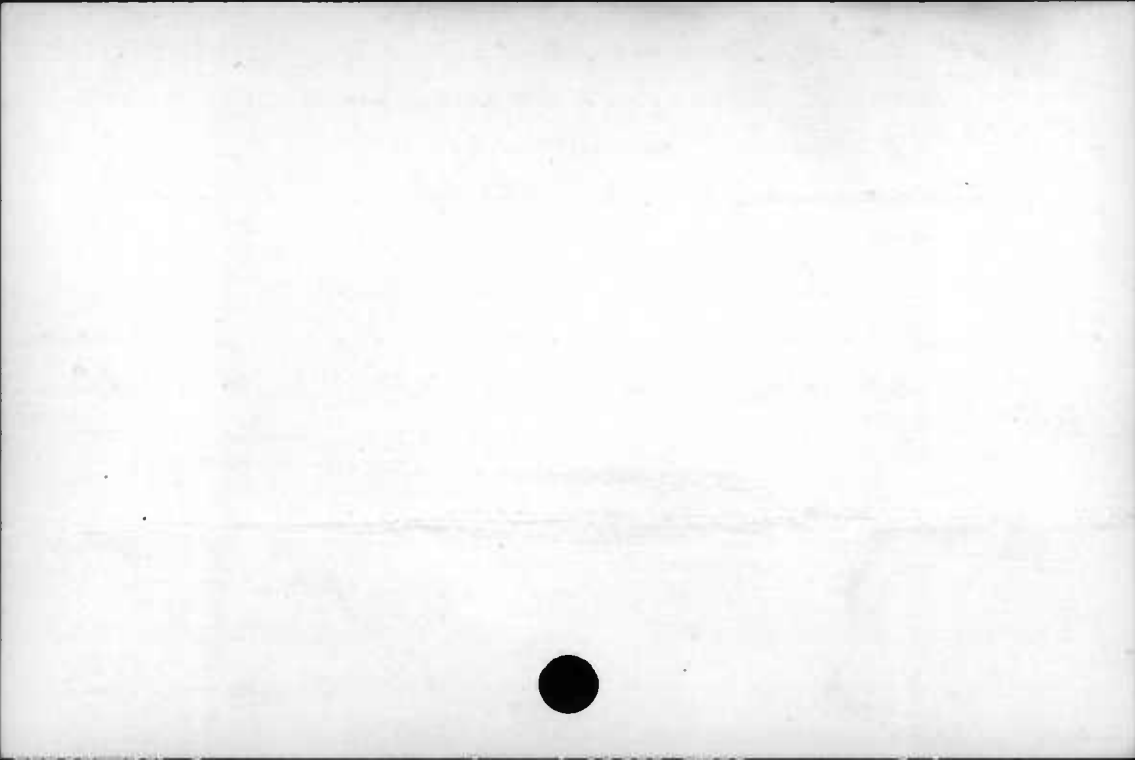
~~Married, Single~~  
~~or Widowed~~Name of Wife or  
Husband

|                                       |  |                 |  |                            |  |       |  |
|---------------------------------------|--|-----------------|--|----------------------------|--|-------|--|
| Father's<br>Name                      |  | Charles Johnson |  | Father's<br>Birthplace     |  | Ind.  |  |
| Mother's<br>Maiden Name               |  | Elizabeth Brown |  | Mother's<br>Birthplace     |  | Ind.  |  |
| Name of person giving<br>In formation |  | Celia Brown     |  | How related<br>to deceased |  | Aunt. |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |                 |  |                           |  |                           |  |
|---|--|-----------------|--|---------------------------|--|---------------------------|--|
| Primary   |  | Influenza       |  | How long                  |  | 15 days                   |  |
| Immediate   |  | Pneumonia Lobar |  | How long                  |  | 9 "                       |  |
| Are the name, age, sex, color, date<br>and place correctly given above? |  | Yes             |  | Signature of<br>Physician |  | Russell H. J. [Signature] |  |
| Accident or Suicide?  |  | No              |  | Address                   |  | Bellevue                  |  |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

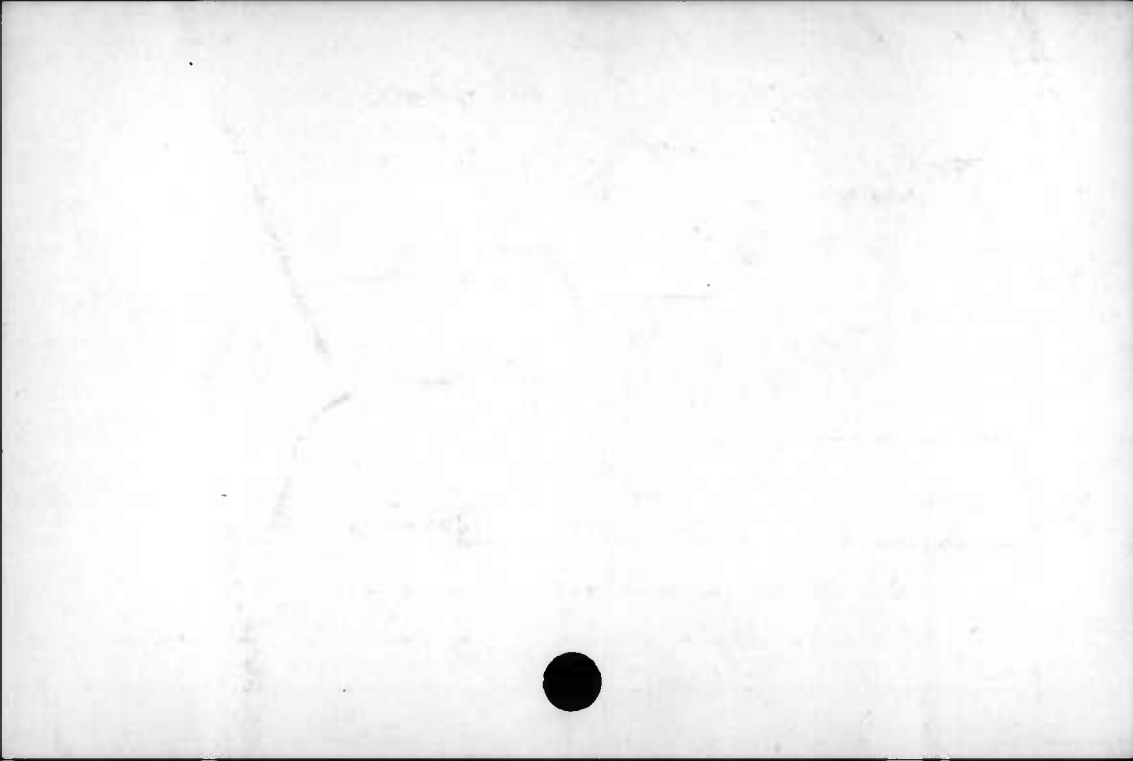
Mildred Jones.

|   |   |                                   |                            |               |                 |
|---|---|-----------------------------------|----------------------------|---------------|-----------------|
| Died at <i>Cardiff</i>                  |   | County <i>Hampford</i>            |                            | MARYLAND      |                 |
| Date of death                           | 1907                                    | Month <i>Jan</i>                  | Day <i>11</i>              | Age <i>21</i> | Years <i>21</i> |
| Sex <i>Female</i>                       | Color or Race <i>White</i>              |                                   | Birth-place <i>Cardiff</i> |               |                 |
| Occupation <i>—</i>                     | Where Residing if not at place of death |                                   |                            |               |                 |
| Married, Single or Widowed              |   | Name of Wife or Husband           |                            |               |                 |
| Father's Name <i>Emory Jones</i>        |   | Father's Birthplace <i>Dublin</i> |                            |               |                 |
| Mother's Maiden Name <i>Adelle Carr</i> |   | Mother's Birthplace <i>Dublin</i> |                            |               |                 |
| Name of person giving information       |   | How related to deceased           |                            |               |                 |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |                               |   |                  |
|---|-------------------------------|---|------------------|
| Primary   | <i>Intestinal Obstruction</i> | How long                                      | <i>Four days</i> |
| Immediate   | <i>"</i>                      | How long                                      | <i>"</i>         |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> |                               | Signature of Physician <i>D. L. F. Arthur</i> |                  |
|   |                               | Address <i>Cardiff Md</i>                     |                  |
| Accident or Suicide?  |                               |   |                  |



Name  
in  
Full

## CERTIFICATE OF DEATH

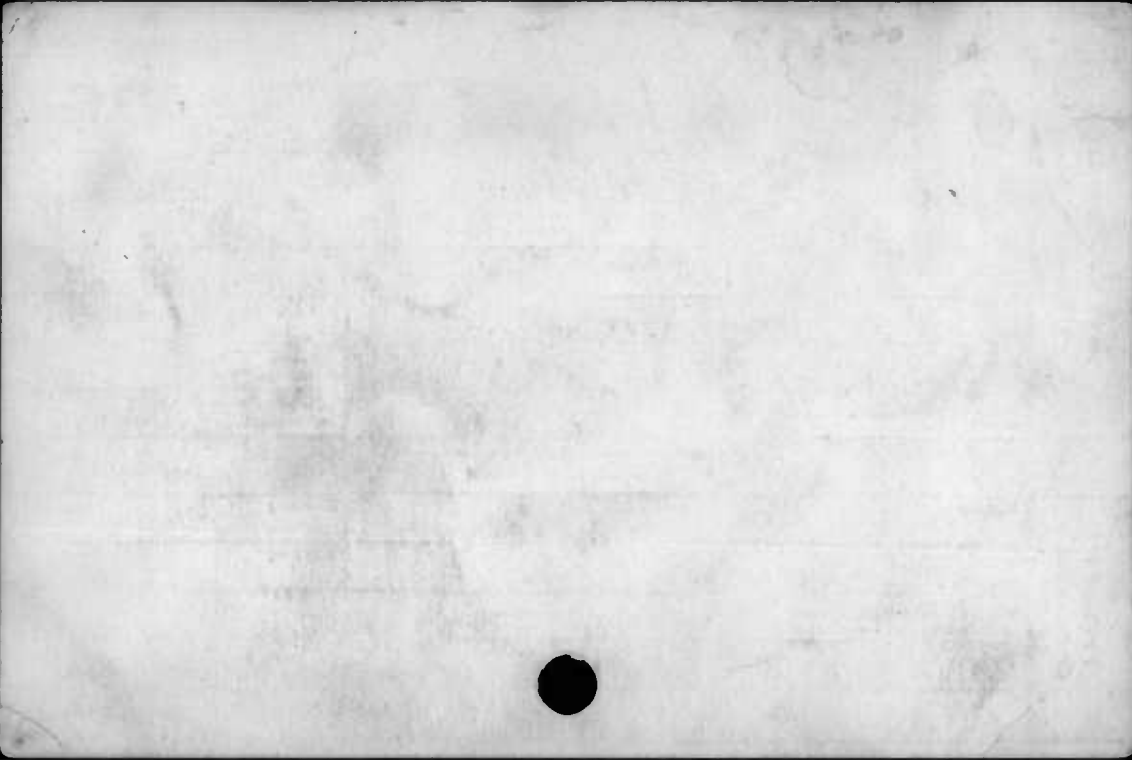
TO BE ANSWERED BY  
NEAREST FRIEND.

|  |                            |   |  |               |                               |
|--|----------------------------|---|--|---------------|-------------------------------|
| Died at <i>Oaking in</i> <sup>Town</sup>     |                            | <i>Hartford</i> <sup>County</sup>           |  | MARYLAND      |                               |
| Date of death                                | <i>1907</i>                | Month <i>4</i>                              | Day <i>27</i>  | Age <i>53</i> | Months <i>—</i> Days <i>—</i> |
| Sex <i>Male</i>                              | Color or Race <i>white</i> |   | Birth-place <i>—</i>                                     |               |                               |
| Occupation <i>Carpenter</i>                  |                            |   | Where Residing if not at place of death <i>Oaking in</i> |               |                               |
| Married, Single or Widowed <i>Single</i>     |                            | Name of Wife or Husband <i>Susanna Keen</i> |  |               |                               |
| Father's Name <i>Aquillen Keen</i>           |                            |   | Father's Birthplace <i>—</i>                             |               |                               |
| Mother's Maiden Name <i>Mary Signer</i>      |                            |   | Mother's Birthplace <i>—</i>                             |               |                               |
| Name of person giving information <i>Son</i> |                            |   | How related to deceased <i>Son</i>                       |               |                               |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |                        |   |                       |
|---|------------------------|---|-----------------------|
| Primary   | <i>Breast Disease</i>  | How long                                  | <i>80</i> <i>1976</i> |
| Immediate   | <i>Angina Pectoris</i> | How long                                  | <i>3 weeks</i>        |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> |                        | Signature of Physician <i>R. W. Smith</i> |                       |
|   |                        | Address <i>Heane de Trace Rd</i>          |                       |
| Accident or Suicide? <i>7</i>   |                        |   |                       |





Name  
in  
Full

William W Kenley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |  |               |     |   |       |          |      |
|-----------------------------------|--|---------------|-----|---|-------|----------|------|
| Died at                           |  | Town          |     | County                                  |       | MARYLAND |      |
| Date of death                     |  | Month         | Day | Age                                     | Years | Months   | Days |
| 1907                              |  | 7             | 16  | 01                                      | 01    | —        | —    |
| Sex                               |  | Color or Race |     | Birth-place                             |       |          |      |
| Male                              |  | Black         |     | Md                                      |       |          |      |
| Occupation                        |  |               |     | Where Residing if not at place of death |       |          |      |
| Married, Single or Widowed        |  |               |     | Name of Wife or Husband                 |       |          |      |
| Father's Name                     |  |               |     | Father's Birth-place                    |       |          |      |
| James H Ramsey                    |  |               |     | Md                                      |       |          |      |
| Mother's Maiden Name              |  |               |     | Mother's Birth-place                    |       |          |      |
| Magdalen Kenley                   |  |               |     | Md                                      |       |          |      |
| Name of person giving information |  |               |     | How related to deceased                 |       |          |      |
| Dorrie Kenley                     |  |               |     | Grandmother                             |       |          |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |         |                        |       |
|--|---------|------------------------|-------|
| Primary  | Anaemia | How long               | 4 wks |
| Immediate  |         | How long               |       |
| Are the name, age, sex, color, date and place correctly given above? |         | Signature of Physician |       |
| 9  |         | J. H. Thier            |       |
|  |         | Address                |       |
|  |         | Perryman Md            |       |
| Accident or Suicide?   |         |                        |       |



Name

in  
Full

## CERTIFICATE OF DEATH

Annie F. Kennedy

Town

County

Died at Upper + Roads

Harford

MARYLAND

Date

of death 1907 Jan

Month

Day

7

Age

Years

80

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Ireland

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Patrick Kennedy

Father's  
Name

Wm. Farrell

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Mary Duren

Mother's  
Birthplace

Ireland

Name of person giving  
Information

John Kennedy

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Capillary Bronchitis

How long

2 weeks

Immediate

Bronchorrhea

How long

4 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

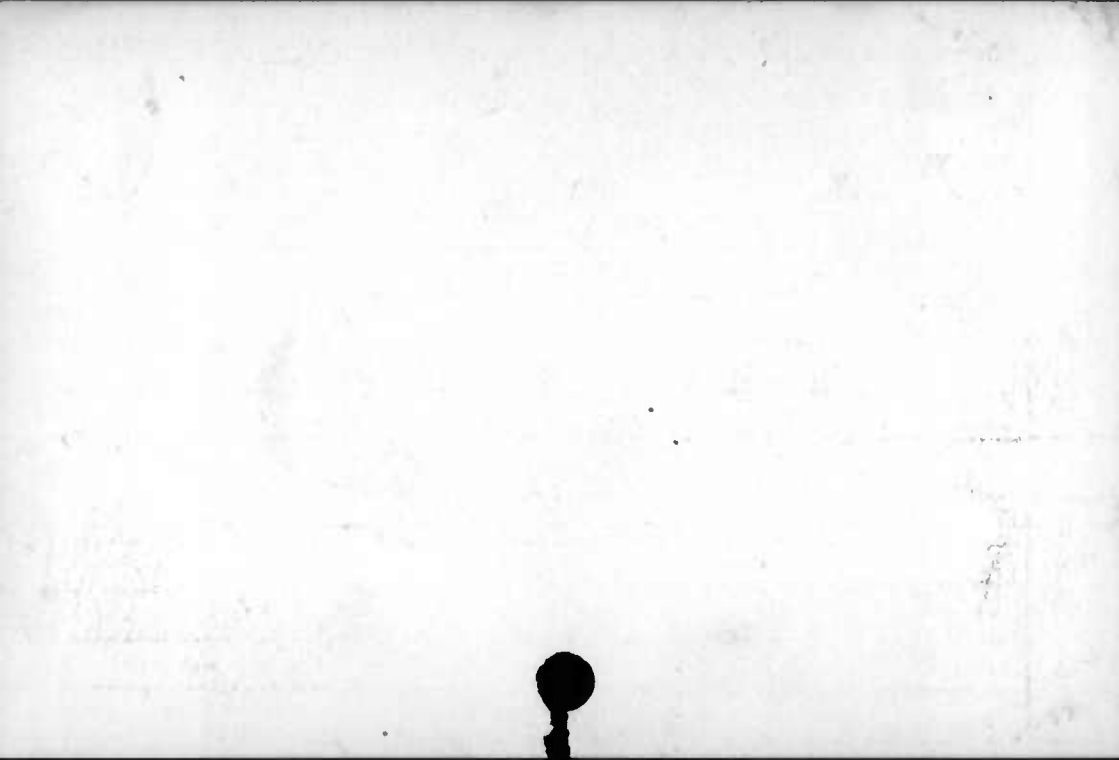
H. F. Bradley

Address

Garrettsville Ind.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



|   |  |  |                            |
|---|--|--|----------------------------|
| Name in Full<br><b>Mary Sacey</b>                   |  | CERTIFICATE OF DEATH                         |                            |
| TO BE ANSWERED BY<br>NEAREST FRIEND                 | Died at <b>Street</b> <sup>Town</sup>  | <b>Harford</b> <sup>County</sup>             | <b>MARYLAND</b>            |
|   | Date of death <b>1907</b> <sup>Month</sup> <b>1</b> <sup>Day</sup> <b>24</b> | Age <b>70</b> <sup>Years</sup>               | <b>Months</b> <b>Days</b>  |
|   | Sex <b>Female</b>  | Color or Race <b>White</b>                   | Birth-place <b>Ireland</b> |
|   | Occupation <b>Housewife</b>  | Where Residing if not at place of death      |                            |
|   | Married-Single or Widowed  | Name of Wife or Husband <b>Patrick Sacey</b> |                            |
|   | Father's Name <b>Unknown</b>   | Father's Birthplace <b>Unknown</b>           |                            |
|   | Mother's Maiden Name <b>Unknown</b>  | Mother's Birthplace <b>Unknown</b>           |                            |
| Name of person giving information <b>Mary Sacey</b> | How related to deceased <b>Daughter</b>                                      |  |                            |
| CAUSES OF DEATH                                     |  |  |                            |
| PHYSICIAN OR CORONER                                | Primary <b>Acute Bronchitis</b>  | <b>90</b>                                    | How long <b>1 week</b>     |
|   | Immediate <b>Heart Disease</b>   |  | How long                   |
|   | Are the name, age, sex, color, date and place correctly given above?         | Signature of Physician <b>C. W. Sproun</b>   |                            |
|   | <b>Yes</b>   | Address <b>Steele</b>                        |                            |
| Accident or Suicide?                                |  | <b>Prof.</b>                                 |                            |

Jan. 26<sup>th</sup> / 07

St Marys. R.C.C

Name  
in  
Full

Lena Leiske

CERTIFICATE OF DEATH

Town

County

Died at

Perryman

Harford

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

1

22

Age

32

6

Sex

Female

Color or  
Race

White

Birth-  
place

Germany

Occupation

Wife

Where Residing if not  
at place of death

Perryman

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Fred Leiske

Father's  
Name

Christian Schantz

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Lena Roller

Mother's  
Birthplace

Germany

Name of person giving  
in formationHow related  
to deceased

## CAUSES OF DEATH

Primary

Nephritis

How long

5 days

Immediate

Miasmatic Cause

How long

24 hrs

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. H. Oliver

Perryman

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                       |                      |                               |                            |  |       |                            |                     |
|---------------------------------------|----------------------|-------------------------------|----------------------------|--|-------|----------------------------|---------------------|
| Died at                               |                      | Town<br><i>Harre de Grace</i> |                            | County<br><i>Harford</i>                   |       | MARYLAND                   |                     |
| Date<br>of death                      | 1907                 | Month<br>1                    | Day<br>10                  | Age<br>99                                  | Years | Months                     | Days                |
| Sex                                   | <i>Female</i>        |                               | Color or<br>Race           | <i>Black</i>                               |       | Birth-<br>place            | <i>Harford Co.,</i> |
| Occupation                            | <i>House work</i>    |                               |                            | Where Residing if not<br>at place of death |       |                            |                     |
| Married, Single<br>or Widowed         | <i>Widow</i>         |                               | Name of Wife or<br>Husband | <i>Henry Lisby</i>                         |       |                            |                     |
| Father's<br>Name                      | <i>Steven Carson</i> |                               |                            |  |       | Father's<br>Birthplace     |                     |
| Mother's<br>Maiden Name               |                      |                               |                            |  |       | Mother's<br>Birthplace     |                     |
| Name of person giving<br>In formation | <i>J. Lisby</i>      |                               |                            |  |       | How related<br>to deceased | <i>Son</i>          |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |                            |   |           |
|---|----------------------------|---|-----------|
| Primary   | <i>Advanced years</i>      | How long                                      | <i>10</i> |
| Immediate   | <i>Bright's Wis Kidney</i> | How long                                      |           |
| Are the name, age, sex, color, date<br>and place correctly given above? |                            | Signature of<br>Physician<br><i>Albush</i>    |           |
|   |                            | Address<br><i>Harre de Grace</i><br><i>md</i> |           |
| Accident or Suicide?  |                            |   |           |



Name  
in  
Full

## CERTIFICATE OF DEATH

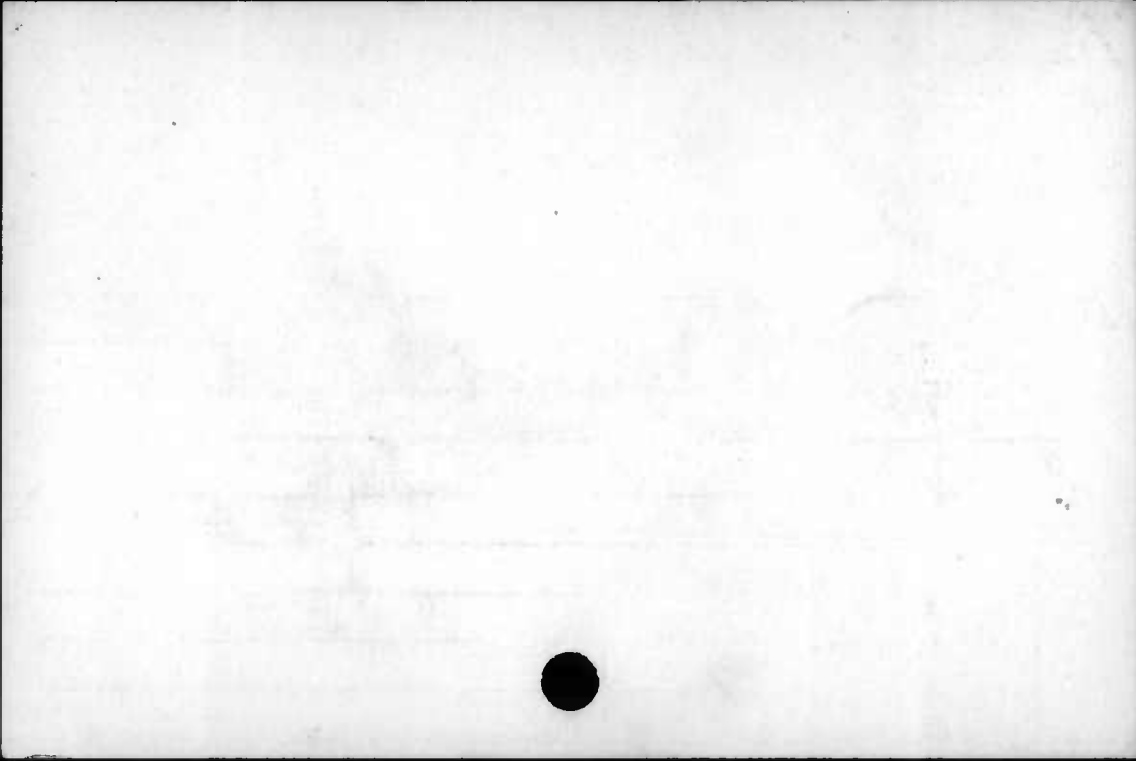
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                   |   |       |                         |          |          |      |
|-----------------------------------|-------------------|---|-------|-------------------------|----------|----------|------|
| Died at                           |                   | Bel Air                                 |       | Harford                 |          | MARYLAND |      |
| Date of death                     | 1907              | Jan                                     | 26    | Age                     | 78       | Months   | Days |
| Sex                               | Male              | Color or Race                           | White | Birth-place             | Ind.     |          |      |
| Occupation                        | Blacksmith        | Where Residing if not at place of death |       | Bel Air                 |          |          |      |
| Married, Single or Widowed        | Widower           | Name of Wife or Husband                 |       | Elizabeth M. Skully     |          |          |      |
| Father's Name                     | Israel M. Skully  |   |       | Father's Birthplace     | Ind.     |          |      |
| Mother's Maiden Name              | Ann Grant         |   |       | Mother's Birthplace     | Pa.      |          |      |
| Name of person giving information | Mary E. M. Skully |   |       | How related to deceased | Daughter |          |      |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |               |                  |          |
|--|---------------|------------------|----------|
| Primary  | Cancer Cancer | How long         | 45 years |
| Immediate  | Exhaustion    | How long         |          |
| Are the name, age, sex, color, date and place correctly given above? |               | yes              |          |
| Signature of Physician   |               | Dr. R. R. Buelin |          |
| Address  |               | Bel Air          |          |
| Accident or suicide  |               | No               |          |



Name  
in  
Full

John Liskington Mitchell

## CERTIFICATE OF DEATH

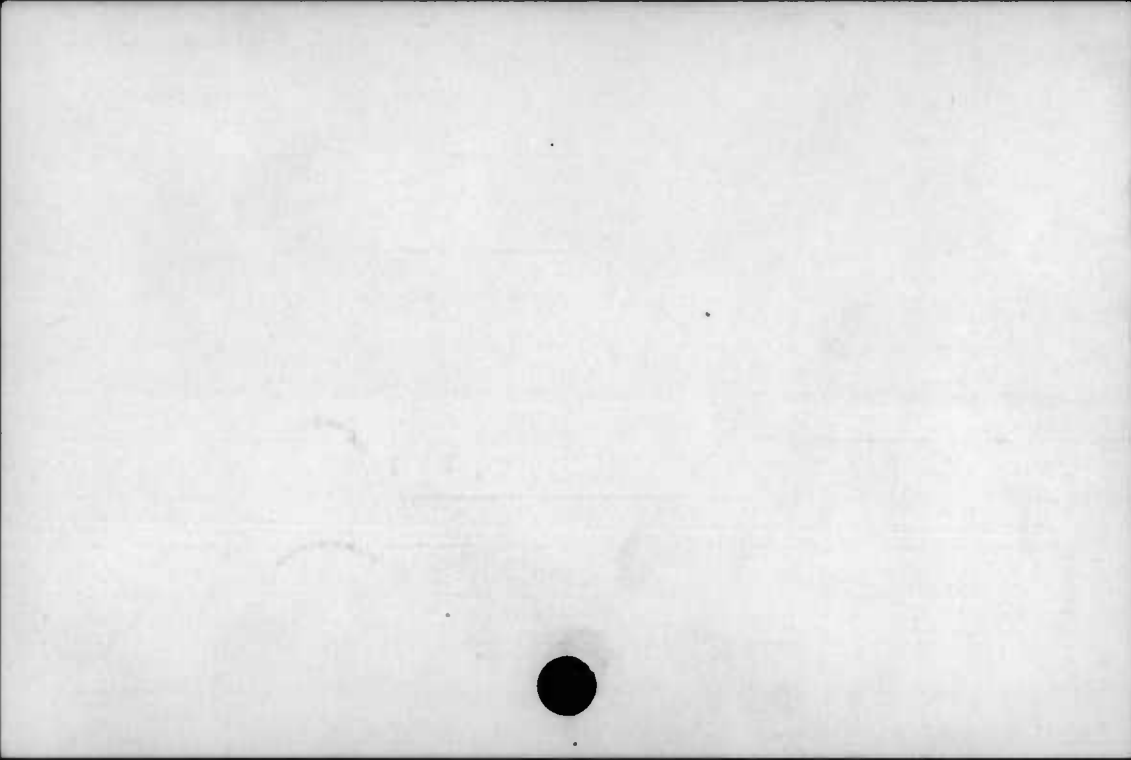
TO BE ANSWERED BY  
NEAREST FRIEND

|   |   |   |   |                           |                           |
|---|---|---|---|---------------------------|---------------------------|
| Died at <sup>near</sup> <u>Aberdeen</u> <sup>Town</sup> |   | <u>Harford</u> <sup>County</sup>                    |   | MARYLAND                  |                           |
| Date of death   | <u>1907</u> <sup>Month</sup> <u>January</u> <sup>Day</sup> <u>19</u> <sup>Years</sup> <u>58</u> | <u>7</u> <sup>Months</sup> <u>3</u> <sup>Days</sup> |   |                           |                           |
| Sex   | <u>Male</u>   | Color or Race                                       | <u>White</u>                            | Birth-place               | <u>Harford County, Md</u> |
| Occupation  | <u>Farmer &amp; Carman</u>  |   | Where Residing if not at place of death |                           |                           |
| Married, Single or Widowed                              | <u>Widowed</u>  | Name of Wife or Husband                             | <u>Sarah S. Todd</u>                    |                           |                           |
| Father's Name   | <u>Evan L. Mitchell</u>   |   | Father's Birthplace                     | <u>Harford County, Md</u> |                           |
| Mother's Maiden Name                                    | <u>Fraunce Morgan</u>   |   | Mother's Birthplace                     | <u>Harford County</u>     |                           |
| Name of person giving information                       | <u>Howard S. Mitchell</u>   |   | How related to deceased                 | <u>Son</u>                |                           |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                         |                        |                      |
|--|-------------------------|------------------------|----------------------|
| Primary  | <u>Bright's Disease</u> | How long               | <u>10 to 15 days</u> |
| Immediate  | <u>Uremic Poisoning</u> | How long               | <u>10 days</u>       |
| Are the name, age, sex, color, date and place correctly given above? |                         | Signature of Physician |                      |
|  |                         | <u>J. H. Kennedy</u>   |                      |
|  |                         | Address                |                      |
|  |                         | <u>Aberdeen</u>        |                      |
|  |                         | <u>Md</u>              |                      |
| Accident or Suicide?   |                         |                        |                      |



Name  
in  
Full

Hannah A. Preston

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |                             |               |                 |                |
|---|--|-----------------------------|---------------|-----------------|----------------|
| Died at <i>Garrettsville</i> Town                         |  | County <i>Hazard</i>        |               | MARYLAND        |                |
| Date of death <i>1907</i>                                 | Month <i>Jan</i>                                   | Day <i>15</i>               | Age <i>85</i> | Months <i>3</i> | Days <i>12</i> |
| Sex <i>Female</i>   | Color or Race <i>White</i>                         | Birth-place <i>Maryland</i> |               |                 |                |
| Occupation <i>Housekeeping</i>                            | Where Residing if not at place of death <i>---</i> |                             |               |                 |                |
| Married, Single or Widowed <i>Widow</i>                   | Name of Wife or Husband <i>James W Preston</i>     |                             |               |                 |                |
| Father's Name <i>William Noberry</i>                      | Father's Birthplace <i>not known</i>               |                             |               |                 |                |
| Mother's Maiden Name <i>Elizabeth Adams</i>               | Mother's Birthplace <i>" "</i>                     |                             |               |                 |                |
| Name of person giving information <i>Columbus Preston</i> | How related to deceased <i>Son</i>                 |                             |               |                 |                |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Apoplexy</i>   | How long <i>three days</i>                    |
| Immediate <i>Exhaustion</i>   | How long <i>---</i>                           |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Oscar W. McNeas</i> |
|   | Address <i>Garrettsville</i>                  |
| Accident or Suicide? <i>J</i>   |   |

Burial at Calvary M E Church South  
Garrettsville Ind



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |   |  |                       |  |                       |  |
|--|--|---|--|-----------------------|--|-----------------------|--|
| Name in Full <i>Mary E. Prueky</i>                 |  | Town <i>Chesapeake</i>                          |  | County <i>Harford</i> |  | STATE <i>MARYLAND</i> |  |
| Died at <i>Chesapeake</i>                          |  | Month <i>July</i>                               |  | Day <i>28</i>         |  | Age <i>78</i>         |  |
| Date of death <i>1907</i>                          |  | Months <i>1</i>                                 |  | Days <i>20</i>        |  |                       |  |
| Sex <i>Female</i>                                  |  | Color or Race <i>Black</i>                      |  | Birth-place <i>Md</i> |  |                       |  |
| Occupation <i></i>                                 |  | Where Residing if not at place of death <i></i> |  |                       |  |                       |  |
| Married, Single or Widowed <i></i>                 |  | Name of Wife or Husband <i></i>                 |  |                       |  |                       |  |
| Father's Name <i>Wm Prueky</i>                     |  | Father's Birthplace <i>Md</i>                   |  |                       |  |                       |  |
| Mother's Maiden Name <i>Margaret S. Doney</i>      |  | Mother's Birthplace <i>Md</i>                   |  |                       |  |                       |  |
| Name of person giving information <i>Wm Prueky</i> |  | How related to deceased <i>Father</i>           |  |                       |  |                       |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |  |  |
|--|--|--|--|
| Primary <i>Pneumonia</i>   |  | How long <i>1 week</i>                       |  |
| Immediate <i>Exhaustion and Heart failure</i>                        |  | How long <i>4 days</i>                       |  |
| Are the name, age, sex, color, date and place correctly given above? |  | Signature of Physician <i>J. A. Callahan</i> |  |
| <i>yes</i>   |  | Address <i>Creswell</i>                      |  |
| Accident or Suicide?   |  | <i>Md</i>                                    |  |

Asbury Church

Name  
in  
Full

Moses Rice

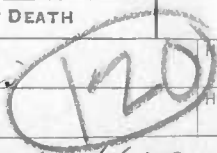
## CERTIFICATE OF DEATH

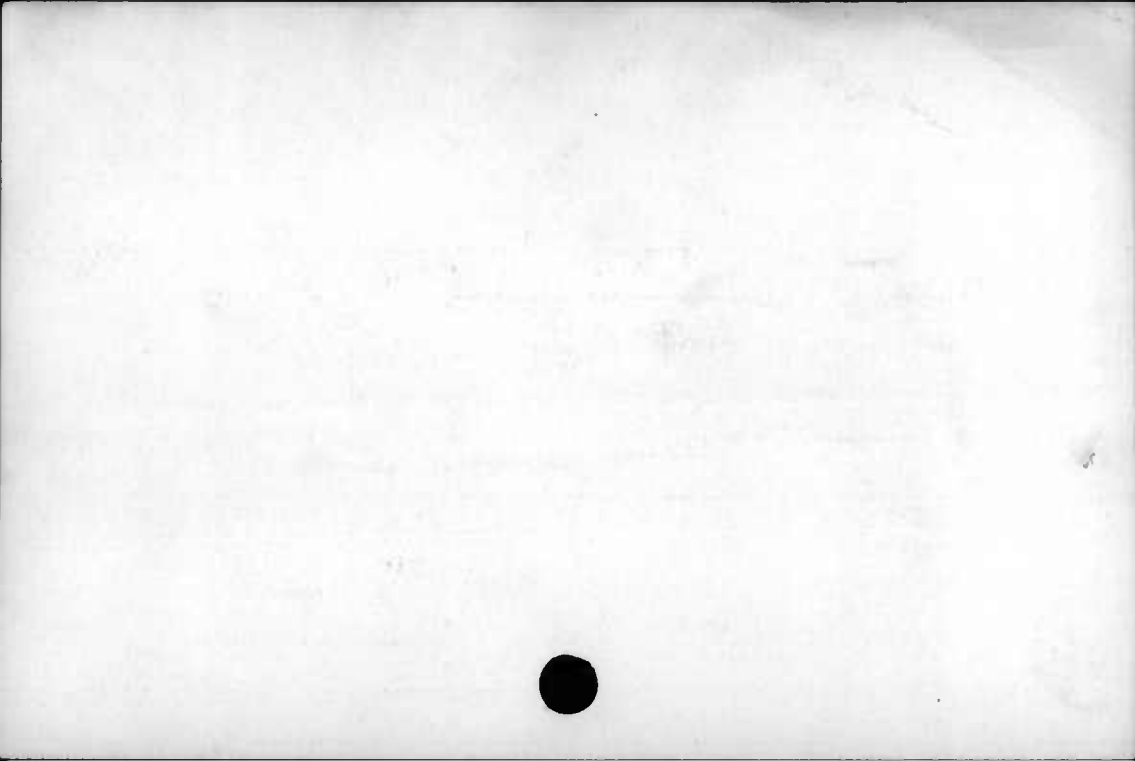
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |                       |   |                 |      |
|---|--|-----------------------|---|-----------------|------|
| Died at <i>Chrome Hill</i>                            |  | County <i>Harford</i> |   | MARYLAND        |      |
| Date of death <i>1907</i>                             | Month <i>Jan</i>                         | Day <i>11</i>         | Age <i>72</i>                           | Months <i>7</i> | Days |
| Sex <i>Male</i>                                       | Color or Race <i>Colored</i>             |                       | Birth-place <i>Maryland</i>             |                 |      |
| Occupation <i>Farmer</i>                              |  |                       | Where Residing if not at place of death |                 |      |
| Married, Single or Widowed <i>Widowed</i>             | Name of Wife or Husband <i>Jane Rice</i> |                       |   |                 |      |
| Father's Name <i>William Rice</i>                     | Father's Birthplace <i>Madagascar</i>    |                       |   |                 |      |
| Mother's Maiden Name <i>Unknown</i>                   | Mother's Birthplace <i>Unknown</i>       |                       |   |                 |      |
| Name of person giving information <i>Sarah Walton</i> |  |                       | How related to deceased <i>Daughter</i> |                 |      |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                          |   |                     |
|--|--------------------------|---|---------------------|
| Primary  | <i>Chronic Nephritis</i> | How long                                    | <i>about 1 year</i> |
| Immediate  | <i>Uremic Coma</i>       | How long                                    | <i>2 days</i>       |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i>    |                          | Signature of Physician <i>H. F. Bradley</i> |                     |
|  |                          | Address <i>Garrettsville</i>                |                     |
|  |                          | Accident or Suicide?                        |                     |



Name  
in  
Full

## CERTIFICATE OF DEATH

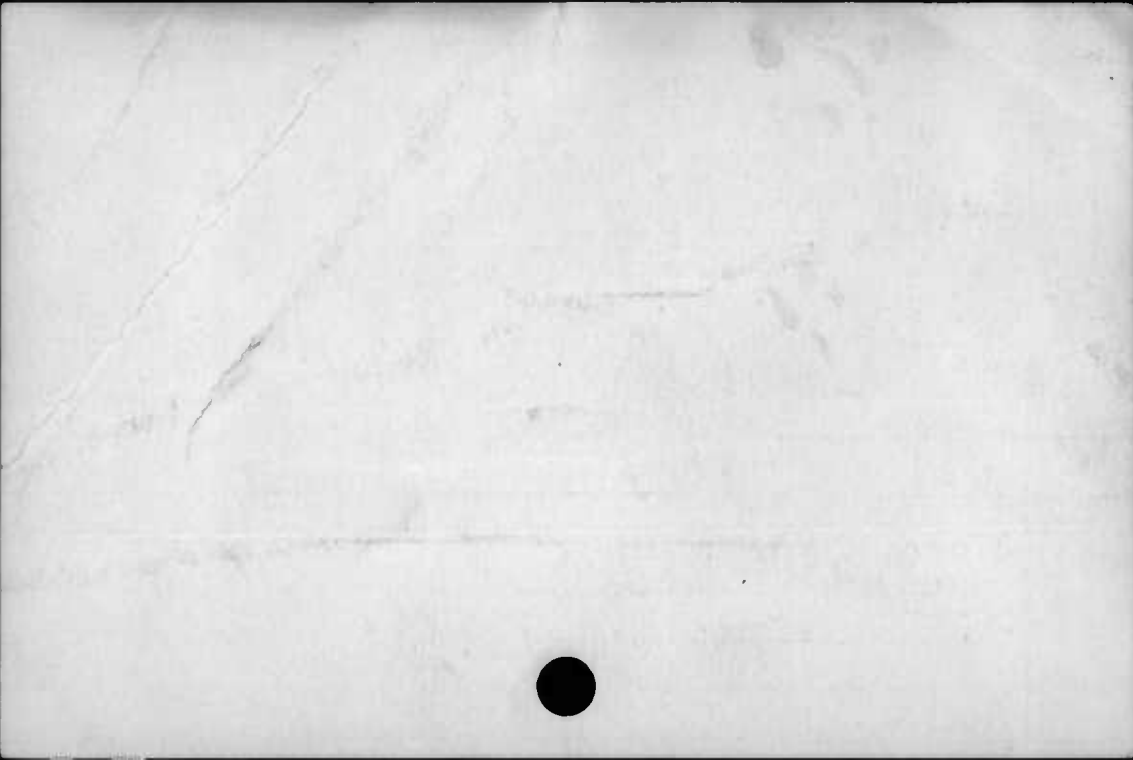
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |   |  |                             |              |              |                |                 |               |
|--|--|---|--|-----------------------------|--------------|--------------|----------------|-----------------|---------------|
| Name <i>May Rickette</i>                                 |  | Town <i>Perryman</i>                    |  | County <i>Harrison</i>      |              | MARYLAND     |                |                 |               |
| Died at  |  | Date of death <i>1907</i>               |  | Month <i>1</i>              | Day <i>7</i> | Age <i>7</i> | Years <i>1</i> | Months <i>1</i> | Days <i>1</i> |
| Sex <i>Female</i>  |  | Color or Race <i>White</i>              |  | Birth-place <i>Perryman</i> |              |              |                |                 |               |
| Occupation   |  | Where Residing if not at place of death |  |                             |              |              |                |                 |               |
| Married; Single or Widowed                               |  | Name of Wife or Husband                 |  |                             |              |              |                |                 |               |
| Father's Name <i>Edward Rickette</i>                     |  | Father's Birthplace <i>La</i>           |  |                             |              |              |                |                 |               |
| Mother's Maiden Name <i>Lora Fanna</i>                   |  | Mother's Birthplace <i>La</i>           |  |                             |              |              |                |                 |               |
| Name of person giving information <i>Edwina Rickette</i> |  | How related to deceased <i>Father</i>   |  |                             |              |              |                |                 |               |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>—</i>  | How long <i>4 1/2</i>                     |
| Immediate <i>Hemorrhage</i>   | How long <i>1 hr.</i>                     |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>J. D. Otter</i> |
|   | Address <i>Perryman</i>                   |
| Accident or Suicide?  |   |



Name

In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                       |                      |                          |                    |  |                       |                 |            |
|---------------------------------------|----------------------|--------------------------|--------------------|--|-----------------------|-----------------|------------|
| Died at                               |                      | Town<br><i>Glenville</i> |                    | County<br><i>Hartford</i>                  |                       | MARYLAND        |            |
| Date<br>of death                      | 1907                 | Month<br><i>Jan</i>      | Day<br><i>10</i>   | Age<br><i>28</i>                           | Years                 | Months          | Days       |
| Sex                                   | <i>Female</i>        |                          | Color or<br>Race   | <i>white</i>                               |                       | Birth-<br>place | <i>Ind</i> |
| Occupation                            | <i>Wife</i>          |                          |                    | Where Residing if not<br>at place of death |                       |                 |            |
| Married, Single<br>or Widowed         | <i>Married</i>       |                          | Name<br>of Husband | <i>Wm Singleby</i>                         |                       |                 |            |
| Father's<br>Name                      | <i>John Elliott</i>  |                          |                    | Father's<br>Birthplace                     | <i>Ind</i>            |                 |            |
| Mother's<br>Maiden Name               | <i>Ann's Starr</i>   |                          |                    | Mother's<br>Birthplace                     | <i>Ind</i>            |                 |            |
| Name of person giving<br>In formation | <i>Frank Cauller</i> |                          |                    | How related<br>to deceased                 | <i>Brother-in-law</i> |                 |            |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |                      |   |                   |
|---|----------------------|---|-------------------|
| Primary   | <i>Rheumatism</i>    | How long                                      | <i>4 days</i>     |
| Immediate   | <i>Heart Failure</i> | How long                                      | <i>20 minutes</i> |
| Are the name, age, sex, color, date<br>and place correctly given above? |                      | Signature of<br>Physician<br><i>W B Stark</i> |                   |
|   |                      | Address<br><i>Darlington</i>                  |                   |
| Accident or Suicide?  |                      |   |                   |





Name  
in  
Full

Miss Lyda Thompson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Seabough <sup>Town</sup> Harpur <sup>County</sup> MARYLAND

Date of death 1907 <sup>Month</sup> Jan <sup>Day</sup> 9 Age 68 <sup>Years</sup> Months Days

Sex Female Color or Race White Birth-place Seabough

Occupation Housekeeper Where Residing if not at place of death Seabough

~~Married, Single~~ Widowed Name of Wife or Husband \_\_\_\_\_

Father's Name Mr. H. Thompson Father's Birthplace Seabough Md

Mother's Maiden Name Darah Lewis Mother's Birthplace Seabough Md

Name of person giving Information \_\_\_\_\_ How related to deceased \_\_\_\_\_

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

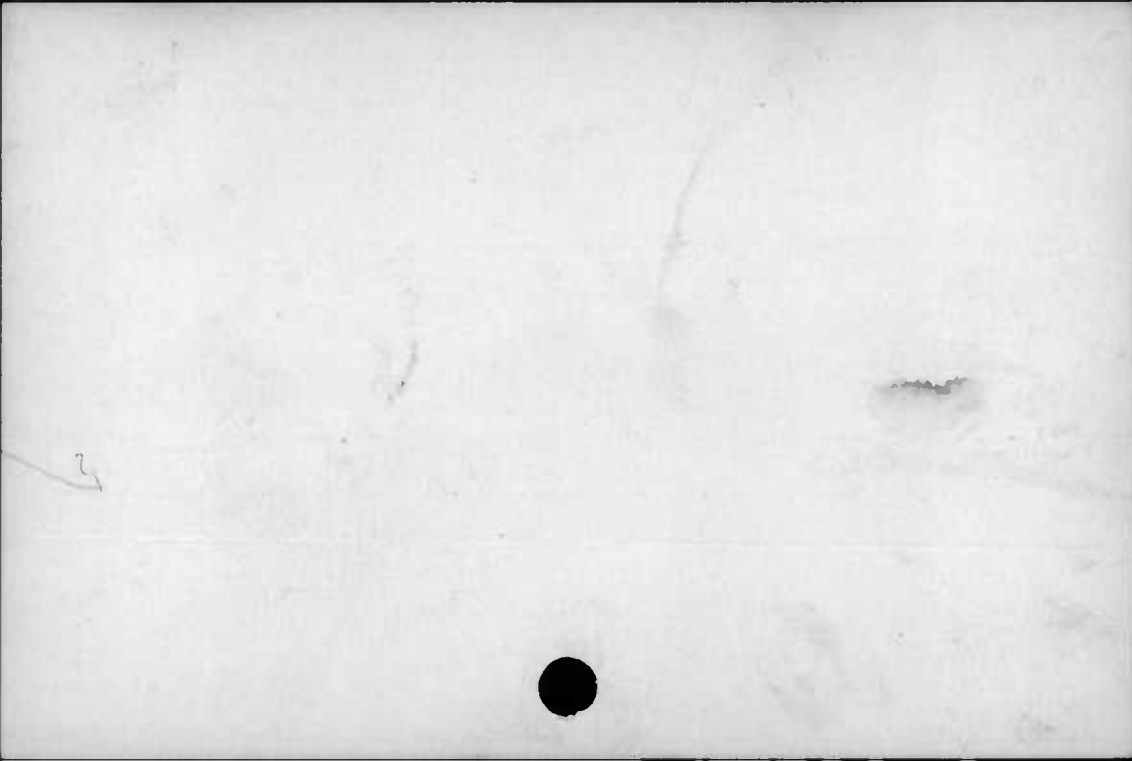
Primary Locomotor ataxia 62 How long 4 years

Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician L. W. G. Amos Address Seab

Accident or Suicide? no



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                             |  |
|--|--|-----------------------------|--|
| Died at <u>Hubert</u> - Town <u>Harford</u> County           |  | MARYLAND                    |  |
| Date of death <u>1907</u>                                    | Month <u>Jan.</u>                                | Day <u>28<sup>th</sup></u>  | Age <u>78</u> Years <u>one</u> Months <u></u> Days <u></u> |
| Sex <u>Male</u>  | Color or Race <u>White</u>                       | Birth-place <u>Maryland</u> |  |
| Occupation <u>Farmer</u>                                     | Where Residing if not at place of death <u></u>  |                             |  |
| Married, Single or Widowed <u>Married</u>                    | Name of Wife or Husband <u>Margaret Thompson</u> |                             |  |
| Father's Name <u>James Thompson</u>                          | Father's Birthplace <u>Maryland</u>              |                             |  |
| Mother's Maiden Name <u>Isaac Thompson</u>                   | Mother's Birthplace <u>Maryland</u>              |                             |  |
| Name of person giving information <u>Mrs. H. H. Thompson</u> | How related to deceased <u>Wife</u>              |                             |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |   |                    |
|--|---|--------------------|
| Primary  | <u>Senile Dementia</u>                    | How long <u>14</u> |
| Immediate  | <u>Senile Dementia</u>                    | How long <u></u>   |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>J. H. Davis</u> |                    |
|  | Address <u>Castleton, Md.</u>             |                    |
| Accident or Suicide?   | <u></u>                                   |                    |



Name  
in  
Full

Catherine Ward

## CERTIFICATE OF DEATH

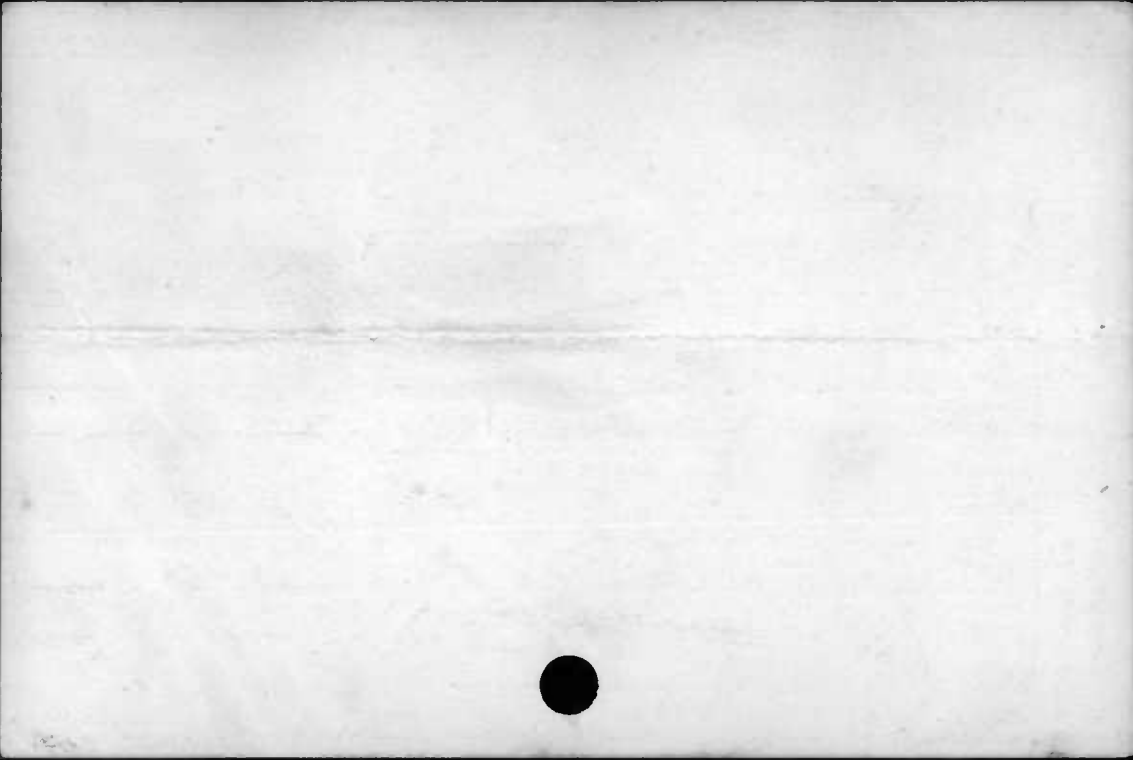
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |                            |   |  |                              |                 |      |  |
|---|--|----------------------------|---|--|------------------------------|-----------------|------|--|
| Died at <i>Benson</i> Town                            |  |                            | County <i>Harford</i>                   |  |                              | MARYLAND        |      |  |
| Date of death <i>1907</i>                             |  | Month <i>Jan</i>           | Day <i>22</i>                           | Age <i>2</i>   | Years <i>2</i>               | Months <i>3</i> | Days |  |
| Sex <i>Female</i>                                     |  | Color or Race <i>White</i> |   |  | Birth-place <i>Benson Md</i> |                 |      |  |
| Occupation  |  |                            |   | Where Residing if not at place of death <i>Benson Md</i> |                              |                 |      |  |
| Married, Single or Widowed                            |  |                            | Name of Wife or Husband                 |  |                              |                 |      |  |
| Father's Name <i>Richard Ward</i>                     |  |                            | Father's Birthplace <i>Harford Co.,</i> |  |                              |                 |      |  |
| Mother's Maiden Name <i>Lettie Beatty</i>             |  |                            | Mother's Birthplace <i>Baltimore</i>    |  |                              |                 |      |  |
| Name of person giving information <i>Richard Ward</i> |  |                            | How related to deceased <i>Father</i>   |  |                              |                 |      |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary <i>Auto Infection due to</i>                                 | How long <i>36 hours</i>                     |
| Immediate <i>Enterocolitis acute</i>                                 | How long <i>36 hours -</i>                   |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>J. F. H. Gouch</i> |
|  | Address <i>Fork Md -</i>                     |
| Accident or Suicide?   |  |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |  |               |                                |                            |                          |
|--|--|--|---------------|--------------------------------|----------------------------|--------------------------|
| Died at <i>Bel Air</i> <sup>Town</sup>                     |  | <i>Hairford</i> <sup>County</sup>                      |               | MARYLAND                       |                            |                          |
| Date of death  | <i>1907</i>                                      | Month <i>July</i>                                      | Day <i>23</i> | Age <i>85</i> <sup>Years</sup> | <i>7</i> <sup>Months</sup> | <i>0</i> <sup>Days</sup> |
| Sex <i>Female</i>  | Color or Race <i>White</i>                       | Birth-place <i>Ind</i>                                 |               |                                |                            |                          |
| Occupation   |  | Where Residing if not in place of death <i>Bel Air</i> |               |                                |                            |                          |
| Married, Single or Widowed <i>Widow</i>                    | Name of Wife or Husband <i>Edmund H. Webster</i> |  |               |                                |                            |                          |
| Father's Name <i>James M. McCormick</i>                    | Father's Birthplace <i>Ireland</i>               |  |               |                                |                            |                          |
| Mother's Maiden Name <i>Elyzabeth Henderson</i>            | Mother's Birthplace <i>Ind</i>                   |  |               |                                |                            |                          |
| Name of person giving information <i>J. Edmund Webster</i> | How related to deceased <i>Son</i>               |  |               |                                |                            |                          |

## CAUSES OF DEATH

Primary

*Senile Debility*

How long

*15*

Immediate

*Heart failure*

How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

*Edmund Webster*  
*R. C. C. M.*

Address

Accident or Suicide?





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Henry Green Wheeler

## CERTIFICATE OF DEATH

MARYLAND

|                                   |                |       |   |                  |                |                         |                                     |
|-----------------------------------|----------------|-------|---|------------------|----------------|-------------------------|-------------------------------------|
| Died at                           |                | Town  |   | County           |                |                         |                                     |
| Date of death                     |                | Month | Day                                     | Year             | Months         | Days                    |                                     |
| 1907                              |                | Jan   | 18                                      | Age 74           |                |                         |                                     |
| Sex                               | Male           |       | Color or Race                           | White            |                | Birth-place             | Hickory                             |
| Occupation                        | Farmer         |       | Where Residing if not at place of death |                  | Black Horse Md |                         |                                     |
| Married, Single or Widowed        | Married        |       | Name of Wife or Husband                 | Mary Ann Wheeler |                |                         |                                     |
| Father's Name                     | Austin Wheeler |       |   |                  |                | Father's Birthplace     | Hickory Md                          |
| Mother's Maiden Name              | Do not know    |       |   |                  |                | Mother's Birthplace     | Do not know                         |
| Name of person giving information | Son            |       |   |                  |                | How related to deceased | <input checked="" type="checkbox"/> |

## CAUSES OF DEATH

|  |                   |                        |                   |         |
|--|-------------------|------------------------|-------------------|---------|
| Primary  | Acute Indigestion | (64)                   | How long          | 5 hrs.  |
| Immediate  | Apoplexy          |                        | How long          | 36 hrs. |
| Are the name, age, sex, color, date and place correctly given above? |                   | Signature of Physician | F. J. Turner M.D. |         |
|  |                   | Address                | White Hall Md.    |         |
| Accident or Suicide?   |                   |                        |                   |         |



Name  
in  
Full

Wm. Wilgis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |                            |                        |                             |   |                 |                |  |
|--|----------------------------|------------------------|-----------------------------|---|-----------------|----------------|--|
| Died at  |                            | Town <i>Shonks Run</i> |                             | County <i>Stafford</i>                  |                 | MARYLAND       |  |
| Date of death 1907                                   | Month <i>Jan.</i>          | Day <i>19</i>          | Age                         | Years                                   | Months <i>4</i> | Days <i>14</i> |  |
| Sex <i>Male</i>                                      | Color or Race <i>White</i> |                        | Birth-place <i>Maryland</i> |   |                 |                |  |
| Married, Single or Widowed <i>Single</i>             |                            |                        | Occupation <i>None</i>      |   |                 |                |  |
| Name of Wife or Husband <i>None</i>                  |                            |                        |                             |   |                 |                |  |
| Father's Name <i>Elizah Wilgis</i>                   |                            |                        |                             | Father's Birthplace <i>Maryland</i>     |                 |                |  |
| Mother's Maiden Name <i>Ida Jeffery</i>              |                            |                        |                             | Mother's Birthplace <i>Stafford Co.</i> |                 |                |  |
| Name of person giving information <i>Wm. Gilbert</i> |                            |                        |                             | How related to deceased <i>Nephew</i>   |                 |                |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |                          |  |               |
|---|--------------------------|--|---------------|
| Primary   | <i>Broncho-Pneumonia</i> | How long                                   | <i>6 days</i> |
| Immediate   | <i>Exhaustion</i>        | How long                                   | <i>92</i>     |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> |                          | Signature of Physician <i>J. W. Hughes</i> |               |
|   |                          | Address <i>Forest Hill</i>                 |               |
| Accident or Suicide? <i>No</i>  |                          |  |               |

Mount 2

Name  
in  
Full

Amelia Elizabeth Wilkison

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *New Lane de Grace* <sup>Town</sup>*Heard* <sup>County</sup>Date  
of death *1907*Month  
*Jan.*Day  
*8th*Age  
*73*Months  
*4*Days  
*23*Sex  
*Female*Color or  
Race  
*White*Birth-  
place  
*Philad. Pa.*Occupation  
*Housework*Where Residing if not  
at place of deathMarried, Single  
or Widowed  
*Married*Name of Wife or  
Husband  
*J. H. Wilkison*Father's  
Name  
*Egkriel Heullin*Father's  
Birthplace  
*Maryland*Mother's  
Maiden Name  
*Rebecca A. Bailey*Mother's  
Birthplace  
*Penn.*Name of person giving  
In formation  
*R. B. Gilbert*How related  
to deceased  
*Niece*

## CAUSES OF DEATH

Primary  
*Pulmonary Tuberculosis*How long  
*Several years*

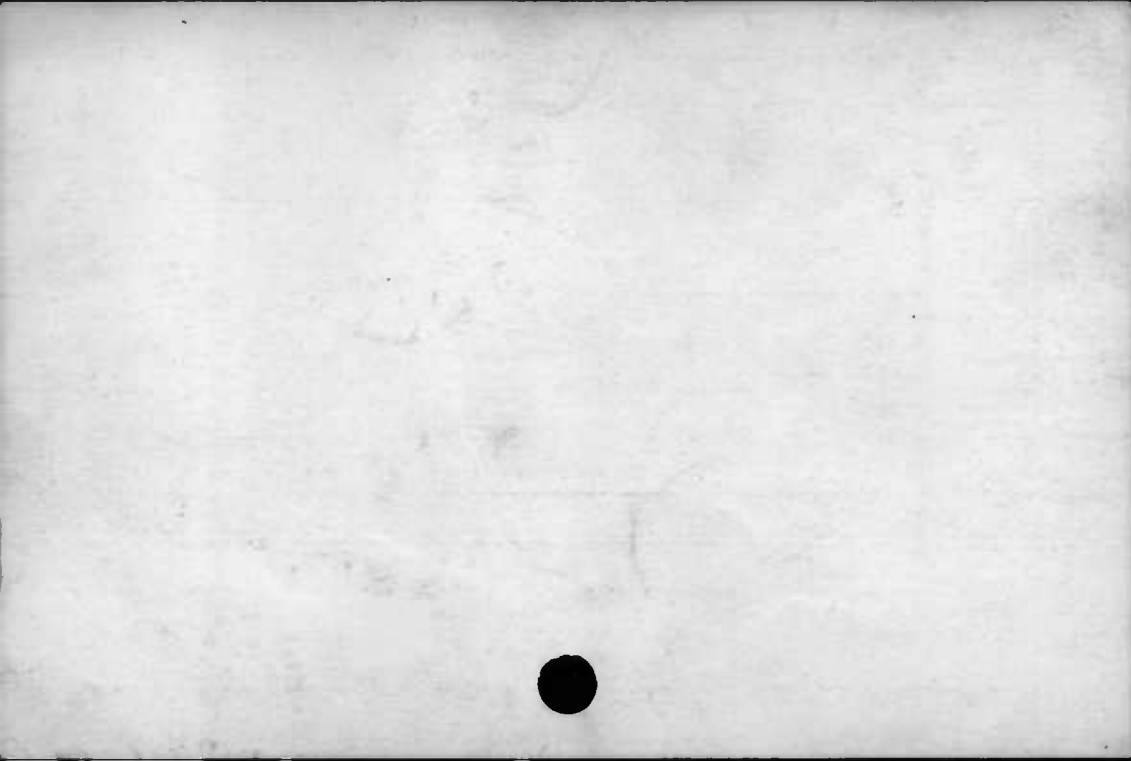
Immediate

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*R. H. Smith M.D.*  
*New Lane de Grace*  
*MD*

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |         |               |       |   |         |          |          |
|-----------------------------------|---------|---------------|-------|---|---------|----------|----------|
| Died at                           |         | Town          |       | County                                  |         | MARYLAND |          |
| Date of death                     | 1904    | Month         | 1     | Day                                     |         | Age      | about 50 |
| Sex                               | Male    | Color or Race | White | Birth-place                             | Unknown |          |          |
| Occupation                        |         |               |       | Where Residing if not at place of death |         |          |          |
| Married, Single or Widowed        | Unknown |               |       | Name of Wife or Husband                 |         |          |          |
| Father's Name                     |         |               |       | Unknown                                 |         |          |          |
| Mother's Maiden Name              |         |               |       | Unknown                                 |         |          |          |
| Name of person giving information |         |               |       | How related to deceased                 |         |          |          |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |            |                        |              |
|--|------------|------------------------|--------------|
| Primary  | Don't know | How long               | —            |
| Immediate  | Don't know | How long               | —            |
| Are the name, age, sex, color, date and place correctly given above? | —          | Signature of Physician | J. H. Stein  |
|  |            | Address                | Essex, Mass. |
| Accident or Suicide?   | 9          |                        |              |

